

A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on  
**Wednesday 27 March 2019 at 2pm - 4pm,**  
in the **Board Room, Forth Valley College, Alloa Campus**

Please notify apologies for absence to

[HealthandSocialCarePartnership@clacks.gov.uk](mailto:HealthandSocialCarePartnership@clacks.gov.uk)

**PRIVATE SESSION: LUNCH 12 noon – 12.30pm**

**PRIVATE SESSION: IJB Development Session – 12.30pm – 13.45pm**  
**Strategic Commissioning Plan and Budget: Medium Term Financial Plan**

### **INTEGRATION JOINT BOARD MEETING AGENDA**

- |            |   |                          |
|------------|---|--------------------------|
| <b>1.</b>  | <b>NOTIFICATION OF APOLOGIES</b>  | For Noting               |
| <b>2.</b>  | <b>NOTIFICATION OF SUBSTITUTES</b>  | For Noting               |
| <b>3.</b>  | <b>DECLARATION(S) OF INTEREST</b>   | For Noting               |
| <b>4.</b>  | <b>URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON</b>   |                          |
| <b>5.</b>  | <b>MINUTE OF THE CLACKMANNANSHIRE &amp; STIRLING INTEGRATION JOINT BOARD MEETING HELD ON 28 NOVEMBER 2018</b> | For Approval             |
| <b>6.</b>  | <b>MATTERS ARISING</b>  |                          |
| <b>7.</b>  | <b>FINANCE</b>  |                          |
| <b>7.1</b> | <b>FINANCIAL REPORT</b><br>(Paper by Ewan Murray)   | For Noting<br>& Approval |
| <b>7.2</b> | <b>2019/20 INTEGRATION JOINT BOARD REVENUE BUDGET</b><br>(Paper by Ewan Murray)                               | For Noting<br>& Approval |
| <b>7.3</b> | <b>EXTENSION OF THIRD SECTOR CONTRACTS</b><br>(Paper by Caroline Cherry & Jim Robb)                           | For Noting<br>& Approval |
| <b>7.4</b> | <b>PARTNERSHIP FUNDING</b><br>(Paper by Ewan Murray)  | For Noting<br>& Approval |
| <b>8.</b>  | <b>PERFORMANCE</b>  |                          |
| <b>8.1</b> | <b>PERFORMANCE REPORT</b><br>(Paper by Janice Young and Ian Aitken)   | For Noting<br>& Approval |

## **9. TRANSFORMING CARE AND STRATEGIC PLANNING**

- |   |                          |
|---|--------------------------|
| <b>9.1 DRAFT STRATEGIC COMMISSIONING PLAN 2019-2022</b><br>(Paper presented by Janice Young)  | For Approval             |
| <b>9.2 CHIEF OFFICER'S REPORT</b><br>(Paper presented by Ian Aitken)  | For Noting<br>& Approval |
| <b>9.3 MINISTERIAL STRATEGIC GROUP FOR HEALTH AND<br/>COMMUNITY CARE. REVIEW OF PROGRESS WITH<br/>INTEGRATION OF HEALTH AND SOCIAL CARE – FINAL REPORT</b><br>(Paper presented by Ian Aitken) | For Noting<br>& Approval |

## **10. GOVERNANCE**

- |   |                          |
|---|--------------------------|
| <b>10.1 INTEGRATION JOINT BOARD COMMITTEES REVIEW</b><br>(Paper presented by Ewan Murray)                         | For Noting<br>& Approval |
| <b>10.2 DIRECTIONS: INTEGRATION JOINT BOARD TO<br/>CONSTITUENT AUTHORITIES</b><br>(Paper presented by Ian Aitken) | For Noting<br>& Approval |

## **11. FOR NOTING**

- |  |            |
|--|------------|
| <b>11.1 MINUTES</b>  |            |
| a) <b>JOINT STAFF FORUM: 041018</b>  | For Noting |
| b) <b>STRATEGIC PLANNING GROUP: 081118</b>   | For Noting |
| c) <b>IJB AUDIT COMMITTEE: 120918</b>  | For Noting |
| d) <b>CLINICAL CARE &amp; GOVERNANCE MEETING: 301018</b>   | For Noting |
| <b>11.2 CLACKMANNANSHIRE AND STIRLING ADULT PROTECTION<br/>COMMITTEE BIENNIAL REPORT 2016 - 2018</b> | For Noting |
| <b>11.3 CHIEF SOCIAL WORK OFFICER'S REPORT</b><br>(Paper presented by Marie Valente)                 | For Noting |
| <b>11.4 CHIEF OFFICER APPOINTMENT</b><br>(Paper presented by John Ford)                              | For Noting |

## **12. EXEMPT ITEMS**

- |  |            |
|--|------------|
| <b>E12.1 LARGE SCALE INVESTIGATION UPDATE - CARE AT HOME</b><br>(Paper presented by Caroline Cherry) | For Noting |
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## **13. DATE OF NEXT MEETING**

Wednesday 12 June 2019, Boardroom, Forth Valley College, Alloa Campus

### **PRIVATE SESSION:**

Lunch: 12noon – 12:30pm

Development Session: Frailty at the Front Door Collaborative, 12:30pm – 1:45pm

### **PUBLIC SESSION:**

Integration Joint Board Meeting: 2:00pm – 4.00pm



## Clackmannanshire & Stirling Integration Joint Board

27 March 2019

This report relates to  
Item 5 on the agenda

# Minute of the Clackmannanshire & Stirling Integration Joint Board Meeting 28 November 2018

*(Paper presented by Ian Aitken)*  
*For Approval*

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author</b>	Susan Fair; Janice Young
<b>Date</b>	20 March 2019
<b>List of Background Papers / Appendices</b>	
None.	

**Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 28 November 2018, at 2.00pm, in Boardroom, Forth Valley College, Alloa Campus.**

John Ford (Chair) welcomed all members to the meeting.

The Chair welcomed new members Helen Macguire (Service User) and Janine Rennie (Third Sector) to their first meeting.

It was noted that there were two exempt items on the agenda and members of the public and non Board members would be asked to leave for these items.

**Present:**

**VOTING MEMBERS**

John Ford, (Chair), NHS Forth Valley  
Councillor Les Sharp (Vice Chair), Clackmannanshire Council  
Councillor Dave Clark, Clackmannanshire Council  
Dr Graham Foster, Executive Board Member, NHS Forth Valley  
Councillor Graham Houston, Stirling Council  
Alex Linkston, NHS Forth Valley  
Councillor Bill Mason, Clackmannanshire Council  
Councillor Susan McGill, Stirling Council

**VOTING MEMBERS - SUBSTITUTES**

Councillor Jim Thomson, Stirling Council (for Councillor Scott Farmer)

**NON-VOTING MEMBERS**

Robert Clark, Employee Director, NHS Forth Valley  
Anthea Coulter, Business Manager, Clackmannanshire Third Sector Interface  
Helen Macguire, Service User Representative, Clackmannanshire  
Morag Mason, Service User Representative, Stirling  
Natalie Masterson, Third Sector Representative, Stirling  
Paul Mooney, Third Sector Representative, Clackmannanshire  
Elizabeth Ramsay, Unpaid Carers Representative, Clackmannanshire  
Janine Rennie, Third Sector Representative, Stirling  
Abigail Robertson, Joint Trade Union Committee Representative for Stirling  
Pamela Robertson, Chair, Joint Staff Forum  
Marie Valente, Chief Social Work Officer, Stirling Council and Social Work Advisor to the Integration Joint Board  
Professor Angela Wallace, Director of Nursing, NHS Forth Valley  
Dr Scott Williams, NHS Forth Valley

**In Attendance:**

Carol Beattie, Interim Chief Executive, Stirling Council  
Nikki Bridle, Chief Executive, Clackmannanshire Council  
Caroline Cherry, Locality Manager – Stirling City Locality, Clackmannanshire & Stirling HSCP  
Susan Fair, Business Support Officer, (Minute Taker)  
Carol Johnson, Performance & Quality Assurance Manager, Clackmannanshire & Stirling HSCP



Vivienne Meldrum, Performance Management, NHS Forth Valley  
Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP  
Kathy O'Neill, General Manager, Community Services Directorate, NHS Forth Valley  
Jim Robb, Service Manager (MH/LD), Clackmannanshire & Stirling HSCP  
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling HSCP  
Lindsay Thomson, Standards Officer, Integration Joint Board  
Janice Young, Interim Programme Manager, Integration Joint Board

### **Presenting Papers**

Ian Aitken, General Manager, NHS Forth Valley  
Caroline Cherry, Locality Manager – Stirling City Locality, Clackmannanshire & Stirling HSCP  
Deirdre Coyle, Head of Information Governance, NHS Forth Valley

### **Members of the Public**

Margaret Williamson

### **Members of the Press**

None

## **1. APOLOGIES FOR ABSENCE**

Apologies for absence were intimated on behalf of:

Cathie Cowan, Chief Executive, NHS Forth Valley  
Councillor Scott Farmer, Stirling Council  
Dr Andrew Murray, Medical Director, NHS Forth Valley

## **2. NOTIFICATION OF SUBSTITUTES**

The following substitutes were noted:

Councillor Jim Thomson for Councillor Scott Farmer, Stirling

## **3. DECLARATION(S) OF INTEREST**

None.

## **4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON**

There was no urgent business brought forward.

## **5. MINUTES OF MEETING HELD ON 26 SEPTEMBER 2018**

5.1 Pending the following minor amendments, the minute of the meeting held on 26 September 2018 was approved as an accurate record.

- Graham Foster: Page 9, 'National', third bullet point: change 'review' to 'reform'.

- Councillor Clark: Page 9, Item 10.1, first bullet point: Councillor Clark advised that the Board had challenged the budgets drifting away, and not simply 'noted', accepted or acquiesced the position. SS advised that the minute reflected the information within the paper in front of the Board, and members were asked to 'note' the detail, this did not imply an approval or acceptance of the position. However, the written note would be reviewed in this regard.

## **6. MATTERS ARISING**

### **6.1 Doune Health Centre**

Kathy O'Neill advised that work to replace the current premises was progressing to plan. A community meeting would be held on 5 December 2018 including a Q&A session, and plans available to view for members of the community. It was anticipated that the project would be completed by the end of the summer 2019.

## **7. FINANCE**

### **7.1 BUDGET UPDATE**

Ewan Murray gave a presentation to the Board covering:

- Financial and Economic Outlook;
- Medium Term Financial Framework for Health and Social Care;
- Sizing the Financial Challenge for the Health and Social Care Partnership;
- Developing options to address the challenge; and
- The recent Audit Scotland report on Integration Progress.

Members noted that the position continued to be challenging, and further updates would be made at the Budget Sessions planned for 19 December 2018 and 23 January 2019, with full opportunity for detailed discussion. Copies of the presentation would be circulated to members.

### **7.2 FINANCIAL REPORT**

Ewan Murray presented this paper. The purpose of this paper was to advise the Integration Joint Board of the projected financial position across the Partnership and associated financial issues. The projected overspend for financial year 2018/19 was £2.733m. Delivery of savings in relation to the additional budget recovery measures was likely to be limited. The reasons for this were set out in Section 9 of this report. This report would be supplemented by a budget update presentation including reference to the Scottish Government Medium Term Financial Framework for Health and Social Care published in October 2018. In terms of national context, the Quarter 1 returns to the Health and Sport Committee illustrated a significant issue with the achievability of savings and efficiency programmes across Health and Social Care Partnerships with this being the biggest financial challenge being experienced in 2018/19. Partnerships are required to submit Quarter 2 returns by 3 December

- Considered and approved the recommendations from the Partnership Funding Review Group as detailed in Section 10 and Appendix I to this report.
- Agreed that resolution is sought on the basis which 2018/19 financial risk will be dealt with as part of the December Budget Seminar.
- Approved the proposed approach and process for 2019/20 Budget Setting.
- Approved the recommendation for the Chief Officer and Chief Finance Officer to agree specific proposals for public consultation on budget proposals with the Chair, Vice Chair and Chair of the Finance Committee and for such consultation to take place during February 2019.
- Noted the projected overspend of £2.733m for the year based on financial performance for the year to date and other best information currently available.
- Noted that this position would be used as the basis for the partnerships quarterly financial return to the Health and Sport Committee.
- Noted the significant variances and financial pressures across the partnership budget.
- Noted the update on budget recovery measures and savings and efficiency programme.

### **Projects Reviews and Recommendations:**

#### **The Integration Joint Board:**

##### Enhanced Community Team

- Supported funding to the Enhanced Community Team, including Healthcare Support Workers, on the basis of ongoing review and refinement of the model.

##### Advice Line For You (ALFY)

- Ceased funding to Advice Line For You (ALFY) on 31 March 2019. Falkirk Integration Joint Board agreed on this approach at their meeting in September 2018.

##### Night Nursing

- Supported funding to Night Nursing service, subject to the establishment of robust performance reporting. Noted that there was an opportunity to support this service through Out Of Hours funding (recurrent funding) which would enable a reduction through Integrated Care Funding.

##### Rapid Access Frailty Clinic (RAFC)

- Supported funding of the Rapid Access Frailty Clinic, based on a 3 day clinic format rather than a 5 day clinic format, and subject to ongoing work to link with the Closer to Home service and working to become more community facing.

#### Alcohol Related Brain Injury (ARBI) Case Management

- Supported funding to the Alcohol Related Brain Injury Case Management service, subject to the establishment of performance reporting.

## **8. PERFORMANCE REPORT**

### **8.1 PERFORMANCE REPORT**

Janice Young and Ian Aitken presented this paper, accompanied by a short presentation by Ian Aitken which focused on the work taking place on unscheduled care. As set out in the approved Performance Management Framework, the Integration Joint Board has a responsibility to ensure effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan. The approach to performance reporting and management continued to develop across the Partnership.

#### **The Integration Joint Board:**

- Noted the content of the performance report.
- Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports.

### **8.2 JOINT INSPECTION [ADULTS] THE EFFECTIVENESS OF STRATEGIC PLANNING IN THE CLACKMANNANSHPRE & STIRLING PARTNERSHIP**

Shiona Strachan presented this paper. This report outlined the outcome of the Joint Inspection [Adults] of the effectiveness of the arrangements for strategic planning in this Health and Social Care Partnership and presented the draft improvement actions for the approval of the Integration Joint Board.

#### **The Integration Joint Board:**

- Considered and approved the draft improvement actions, which were subject to agreement with the Lead Inspector [appendix 1].
- Approved the proposal to hold a hosted seminar in March 2019 to review the actions required to deliver the improvement recommendations arising from the Joint Inspection and delivery of the Strategic Commissioning Plan.
- Noted the content of the Joint Inspection [Adults] report (appendix 2).

## **9. TRANSFORMING CARE AND STRATEGIC PLANNING**

### **9.1 DRAFT STRATEGIC COMMISSIONING PLAN 2019-2022**

Janice Young presented this paper. The purpose of the report was to update the Integration Joint Board on the progress made by the Strategic Planning Group in developing a draft Strategic Commissioning Plan for 2019-2022 for further consultation and engagement from December 2018 to February 2019. The paper provided information on the key delivery priorities identified to date, and the plan to engage with stakeholders in order to further explore and refine these. The Strategic Plan 2016-19 set out the 8 delivery priorities which the 2019 – 2022 Strategic Commissioning Plan will further develop aligned to medium term financial planning and service delivery plans and enacted through an enhanced approach to Directions

#### **The Integration Joint Board:**

- Approved the high level delivery priorities identified within this paper to support the final stage development of the draft Strategic Commissioning Plan for 2019-2022.
- Approved the approach for consultation and engagement which would enable further refinement of the Plan while ensuring that it reflects the priorities of all stakeholders.
- Noted that the draft delivery priorities were drawn from the refreshed Strategic Needs Assessment considered by the Board in September 2018.
- Noted that work would continue to further refine the Strategic Needs Assessment which will be brought back to the Board for full approval alongside the draft Strategic Commissioning Plan and the medium term Financial Plan in March 2019.

### **9.2 DIRECTIONS: INTEGRATION JOINT BOARD TO CONSTITUENT AUTHORITIES**

Ewan Murray, presented this paper. The report examined the role of formal Directions in the integration framework and considered the Clackmannanshire & Stirling Integration Joint Board's (IJB) approach to Directions to date, and suggested how the IJB could develop that approach for 2019 and beyond.

#### **The Integration Joint Board:**

- Approved the development of the Integration Joint Board's approach to Directions from 2019 onwards, subject to any comments the Board wished to make as to that approach and to the publication of any further statutory guidance.
- Approved the development of an operating procedure for Directions and task the Board's Audit committee with:
  - scrutiny of the operating procedure as part of ongoing review of the governance frameworks; and
  - maintenance and overview of a log of Directions on behalf of the Board.
- Noted the terms of the report, including the key role of Directions as outlined.

### **9.3 CHIEF OFFICER REPORT**

Shiona Strachan presented this paper. The paper provided a summary of the work being taken forward within the Health and Social Care Partnership and raised

awareness of any regional, national or UK wide issues which may have implications for the Partnership.

## **The Integration Joint Board:**

### Partnership

- Noted the recommendation that, following the publication of the National Review and with reference to the Partnership's own Strategic Inspection (Adults), work was undertaken to review the Integration Scheme over 2019/20. [section 9]
- Noted the use of the visual identity and ongoing development of the webpages. [section 7.1.4]
- Noted the new format for papers. [section 7.1.4]
- Noted the planned further discussion with iHUB in respect of the development programme with a focus on implementation of the Strategic Commissioning Plan; meeting the improvement actions arising from the Joint Inspection and development support to both the Board and the Strategic Planning Group. [section 7.1.4]
- Noted that the requirement for the interim arrangements for the Chief Social Work Officer advisor to the Integration Joint Board were to be agreed by the constituent partners and the Board [section 8]
- Noted the resignation of the unpaid carer representative for Stirling and the requirement to nominate another Board member. [section 8.3]
- Noted the delegation of social care services in Stirling on 30 September in line with previous reports to this Board. [section 10.2]
- Noted the continued work taking place led by NHS Forth Valley in respect of delegation of services and hosting arrangements. [section 10.5]
- Noted the supported work shop scheduled for 26 November 2018 to discuss the Forth Valley wide hosting arrangements and the need to conclude this following the hosting agreement, including the support services requirement. [section 10.3]
- Noted the development of the first level integrated senior management structure [section 10.6]
- Noted the risks associated with the interim arrangements and wider changes within the constituent authorities. [section 10]
- Noted the need to ensure that as delegation progresses, the management structure be reviewed to ensure it is fit for purpose. [section 10.6]
- Noted the Alcohol and Drugs Partnership Plan and implementation update would be submitted to the Board for approval in the March 2019 meeting. [section 11]

- Noted the continued delay to the Equalities Mainstreaming Progress Report and steps being taken to address this. [section 12]
- Noted the delivery of the development session on the equalities and consultation duties to the Board as part of the development programme for 2018/19. [section 12]
- Noted that a full end of year report on the Transforming Care programme would be provided to the Board in March 2019 in preparation for the agreement and implementation of the next Strategic Commissioning Plan. [section 13]
- Noted the retirement of Celia Gray, Chief Social Work Officer, Clackmannanshire Council and social work and social care advisor to the Board. [section 8.1]
- Recorded the Board's formal 'thank you' to Celia. [section 8.3]

### **National**

- Noted the content of the recent report from Audit Scotland. [section 14]
- Noted that it was recommended that the findings of the Audit Scotland report, the outcome of the national review and the Partnership's own Joint Inspection should be used as a foundation for local improvement actions. [section 14].

## **9.4 INTERMEDIATE CARE IMPLEMENTATION PLAN**

Janice Young presented this paper. This paper had been prepared to provide the Integration Joint Board with an update on work being progressed in the re-design of intermediate care services across the Partnership, including bed based and reablement services.

### **The Integration Joint Board:**

- Approved the draft Implementation Plan and further development of this to fully integrate intermediate care services across the Partnership with the view that the full plan comes back to the Board in March 2019.
- Noted the progress in reviewing the Partnership's intermediate care services, supported by the Improvement Service (i-Hub) of Healthcare Improvement Scotland.

## **9.5 CARERS ACT: CARERS STRATEGY AND SHORT BREAK SERVICES STATEMENT**

Caroline Cherry presented this paper. The paper provided the Board with a draft of both the Carers Strategy and the Short Breaks Statement for approval, and publication of the Short Break Statement in time for the statutory deadline.

### **The Integration Joint Board:**

- Approved the Carers Strategy and Short Break Services Statement, acknowledging that some changes may be made to each document in terms of the addition of case studies, other consultation responses, and other minor amendments.

The Board agreed to delegate powers to Elizabeth Ramsay, Caroline Cherry and Robert Stevenson in relation to clarification of terminology within the Strategy and Short Break Statement.

## **9.6 STIRLING HEALTH & CARE VILLAGE**

Caroline Cherry presented this paper. The report was intended to update the IJB on a significant milestone - the completion of the two main construction phases at the Health & Care Village and to highlight that a full suite of care services were now being provided to the public from these new facilities. While there was further site work over the year ahead to demolish the existing Community Hospital site, creation of further car parking and construction of a Scottish Ambulance Service workshop building, the landmark of moving into the Bellfield Centre signals a major milestone, moving the project into an operational phase.

### **The Integration Joint Board:**

- Noted the completion of the two main construction phases at the Stirling Health & Care Village (the GP & Minor Injuries Centre and the Bellfield Centre). There would be a third and final construction phase completed by October 2019 (Scottish Ambulance Service workshop, car parking, and demolition of redundant buildings).
- Noted that a very positive 'step change' in the quality of care experienced by the people is underway and that this has been enabled by the opening of the new buildings and associated changes in how care is delivered.
- Noted that delivery of the Stirling Health & Care Village marks the achievement of one of the eight priorities identified within the 2016-2019 Clackmannanshire & Stirling Health & Social Care Partnership Strategic Plan.
- Noted the scale of the achievements to date and recognised the contributions made by colleagues working throughout all of the organisations involved in this project.
- Noted that a formal opening for the Stirling Health and Care Village would take place in early 2019.
- Noted that colleagues from the project partners would convene a Debrief and Lessons Learned workshop. The learning distilled from this workshop would be shared to help ensure that the Partnership's capacity to deliver further complex integrated projects in the future was maximised.



## **10. GOVERNANCE**

### **10.1 RECORDS MANAGEMENT PLAN**

Shiona Strachan presented this paper and thanked Deirdre Coyle for her work in this area. The paper outlined the actions required of the Integration Joint Board to comply with the Public Records (Scotland) Act 2011 and how a Records Management Plan would be developed in readiness for submission to the Keeper of Records by 28<sup>th</sup> February 2019 as instructed. It was notable that in the creation of Integration Joint Boards in line with the Public Bodies (Joint Working) (Scotland) Act 2014, new records were required for strategic commissioning and decision making processes. The Partnership had established record keeping systems for Integration Joint Board records, with NHS Forth Valley leading on this on behalf of the IJB. Robust protocols were in place for this, but there was now a requirement to develop these into a full Records Management Plan proving compliance with the Public Records (Scotland) Act 2011. The Keeper of Records had written to the Chief Officer to request submission of the Records Management Plan for Integration Joint Board records by 28<sup>th</sup> February 2019.

#### **The Integration Joint Board:**

- Approved the development of a Records Management Plan for submission with the timescale set by the Keeper of Records, and delegate authority to the Chief Officer to approve this within this timescale.

## **11. FOR NOTING**

### **11.1 FORTH VALLEY AREA HEALTH AND SOCIAL CARE PARTNERSHIP'S WINTER PLAN 2018-2019**

The Winter Plan summarised how NHS Forth Valley, Clackmannanshire and Stirling Health and Social Care Partnership and Falkirk Health and Social Care Partnership had prepared for Winter 2018-19 and outlined specific actions which would be taken to respond to the additional demands of winter and the festive period.

#### **The Integration Joint Board:**

- Noted that approval of the Winter Plan 2018-19 was delegated to the Chief Officer and IJB Chair.
- Noted the Winter Plan 2018-19.

### **11.2 MINUTES**

- a) **CLINICAL & CARE GOVERNANCE GROUP – 280218**
- b) **STRATEGIC PLANNING GROUP – 270218; 160518; 300818**
- c) **JOINT STAFF FORUM – 030918**

#### **The Integration Joint Board:**

- Noted the content of items 11.2a through 11.2c.

## **12. EXEMPT ITEMS**

Under section 50A(4) of the Local Government (Scotland) Act 1973, the public were excluded from the meeting for this item on the grounds that it involved the likely disclosure of exempt information

### **E12.1 INTERIM CHIEF OFFICER'S APPOINTMENT**

#### **The Integration Joint Board:**

- approve the appointment of Ian Aitken to the position of Interim Chief Officer
- approve the process for recruitment to the permanent post of Chief Officer which will commence in the new year
- delegate responsibility for the appointment of the substantive Chief Officer to the Interview Panel.

### **E12.2 LARGE SCALE INVESTIGATION – CARE AT HOME**

#### **The Integration Joint Board:**

- Noted the verbal report given by Caroline Cherry.

## **13. ANY OTHER COMPETENT BUSINESS**

### **13.1 RECRUITMENT PANEL FOR CHIEF OFFICER POST**

Each partner was required to submit a nomination for the interview panel to Susan Fair ([HealthandSocialCarePartnership@clacks.gov.uk](mailto:HealthandSocialCarePartnership@clacks.gov.uk)) by close of business on 6 December 2018. It was noted that the Chair, John Ford, would represent the NHS.

#### **The Integration Joint Board is invited to:**

### **13.2 RETIRALS**

The Chair noted Celia Gray's retiral from the post of Head of Social Services, Chief Social Work Officer, Clackmannanshire Council, and on behalf of the Board thanked her for her service and contribution to the Integration Joint Board.

The Chair further noted that this was the last meeting for Shiona Strachan, Chief Officer, Health and Social Care Partnership, pending her imminent retiral. On behalf of the Board the Chair thanked Shiona for her contribution and dedication to the Integration Joint Board, and acknowledged the significant achievements made in the last three years during her time as Chief Officer.

## **14. DATE OF NEXT MEETING**

Wednesday 27 March 2019, Boardroom, Forth Valley College, Stirling Campus  
12.00pm – 12.30pm    Lunch

12.30pm – 1.45pm	Development Session: Strategic Commissioning Plan and Budget – Medium Term Financial Plan
2.00pm – 4.00pm	Integration Joint Board Meeting



## Clackmannanshire & Stirling Integration Joint Board

27 March 2019

This report relates to  
Item 7.1 on the agenda

# Financial Report

*(Paper presented by Ewan Murray)*

## *For Noting & Approval*

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author</b>	Ewan Murray, Chief Finance Officer
<b>Date</b>	21 March 2019
<b>List of Background Papers/List of Appendices</b>	
Appendix 1 – Set Aside and Operational and Universal Health Services	
Appendix 2 – In Scope Adult Social Care Budgets	

**Title/Subject:** Financial Report  
**Meeting:** Clackmannanshire & Stirling Integration Joint Board  
**Date:** 27 March 2019  
**Submitted By:** Ewan Murray  
**Action:** For Noting and Approval

## **1. Introduction**

- 1.1 This report details the financial position of the partnership.

## **2. Purpose & Summary**

- 2.1. This purpose of this report is to advise the Integration Joint Board of the projected financial position across the Partnership and associated financial issues.
- 2.2. The projected overspend for financial year 2018/19 is £2.508m.
- 2.3. There continues to be significant challenge in the partnership being able to bring expenditure in line with resources available.

## **3. Recommendations**

The Integration Joint Board is asked to:

- 3.1. Approve the use of earmarked reserves totalling £0.153m with no firm expenditure plans to contribute to the overall financial position in year.
- 3.2. Note the projected overspend for 2018/19 of £2.508m.
- 3.3. Note the significant variances and financial pressures across the partnership budget.
- 3.4. Note that discussions in relation to 2018/19 financial risk were ongoing at the time of writing.

## **4. Resource Implications**

- 4.1. Given this report details the financial position of the partnership resource implications are intrinsically covered within the body of report.

## **5. Legal & Risk Implications and Mitigation**

- 5.1. The Integration Joint Boards budget as agreed in March 2018 was underpinned by a risk assessment in relation to the savings and efficiency programme which is reviewed periodically as part of the pan-partnership savings tracker.
- 5.2. The Integration Joint Boards Strategic Risk Register includes a section on Financial Resilience. The strategic risk register is reviewed by the Joint Management Team and scrutinised by the Audit Committee. High risks, including financial resilience, as reported as part of the performance report.
- 5.3. Effective financial management and reporting as part of the Integration Joint Board governance arrangements assist the management of financial and other risks.

## **6. Review of Earmarked Reserves**

- 6.1 In line with the terms of the Integration Scheme a review of the majority earmarked reserves has been undertaken and identified £0.153m of earmarked reserves with no firm current expenditure plans.

The reserves proposed to be utilised are in relation to Mental Health Innovation Fund £0.100m, Pharmacy First £0.001m and GP Clusters £0.052m. These are residual funds from pump priming allocations before recurring investment streams for national policy commitments in relation to Primary Care Improvement and Mental Health Strategy. Whilst it is recognised it would be preferable to have spent these resources on their intended use we have a responsibility to examine all options to mitigate the level of projected overspend.

- 6.2 To partially mitigate the projected overspend in the current year it is proposed to utilise these reserves. Given there are no current firm expenditure plans there is no risk or effect on service delivery associated with this approach.
- 6.3 At time of writing there remains an element of earmarked reserves still to be reviewed. This will be completed as soon as possible and the any further scope to further utilise reserves will be agreed by the Chief Finance Officer in consultation with the Chair and Vice Chair of the IJB and Chair of the Finance Committee and reported to the Finance Committee in the first instance. Any further scope is likely to be of relatively low value.

## **7. Projection for Financial Year 2018/19**

- 7.1. Based on financial performance for the first ten months of the year and other best available information, an overspend of £2.508m is projected on the partnership budget. This is summarised in the table below.

	£m	£m
Adult Social Care		
Stirling Localities	(1.924)	
Clackmannanshire Locality	(1.156)	(3.080)
Operational and Universal Health Services		(0.179)
Partnership Funding		0.598
Review of Earmarked Reserves with no firm expenditure plans		0.153
<b>NET PROJECTED OUTTURN</b>		<b>(2.508)</b>

#### OVERSPEND

- 7.2. This represents an improvement in the position of £0.225m from that reported to the Integration Joint Board in November 2018.
- 7.3. Whilst there remains scope for further improvement in the position in the final quarter, budget recovery measures have been in place for a length of time now and it is considered imprudent to further adjust the projections for the impact of these.
- 7.4. The position in relation to Operational and Universal Health Services has improved in recent months with the projections for Adult Social Care broadly stabilising. The corollary of this is that the review of care packages is offsetting the costs of additional demand.
- 7.5. The dispute in relation to ordinary residence cases with the Falkirk Health and Social Care Partnership is not currently envisaged to be resolved within the current financial year.
- 7.6. NHS Forth Valley has made two further allocations £0.046m (part of Forth Valley Winter Plan) and £0.150m to support care packages contingent on there being reductions in delayed discharges. These additional resources will be allocated in Quarter 4 and is assumed to be neutral to the projected outturn for the year.

## 8. Significant Variances and Financial Pressures

- 8.1. The significant cost pressure areas across the partnership budget are broadly similar to those reported during the previous financial year.
- 8.2. The most significant variances and areas of financial pressure are:
- 8.2.1. In relation to Operational and Universal Health Services the projected overspend in Family Health Services prescribing is almost offset by underspends elsewhere in the budget. It is important to understand, however, that this is at the expense of being able to commit planned levels of capacity and expenditure in areas such as Community Mental Health and Health Improvement.

- Family Health Service Prescribing which was overspent by £1.135m for the period. This budget remains the most significant element of financial pressure within the Operational and Universal health services budget. A significant element of the partnerships savings requirements are targeted against prescribing costs through a combination of market pricing changes via the drug tariff, technical switches and a focus on reducing over-ordering and waste.

Prescribing costs are also continuing to be affected by short supply of a number of regularly prescribed medicines though the impact of this has reduced in recent months. Recent media coverage has highlighted future risks in relation to supply and cost of drugs and Brexit which may have an impact in future periods but is unlikely to be material in the current financial year.

The Family Health Services Prescribing budget is projected to be overspent by £1.362m for the year, with this overspend being partially offset by net underspends elsewhere in the Operational and Universal Health Services budget in relation to District Nursing, AHPs, Addiction Services, Community Learning Disability and Mental Health Teams and services to promote Public Health (Health Improvement)

- The community hospitals line of the budget is now reporting an underspend of £0.221m. This is as a result of the move to be Bellfield centre and offset by costs within Adult Social Care in the Stirling locality. Work is ongoing to further develop consolidated financial reporting for the Bellfield Centre manager.
- Complex Care packages which were overspent by £0.141m for the period. These costs are contained within the Joint Partnership Agreements line within Appendix 2.

#### 8.2.2. In relation to Adult Social Care Budgets

- The overspend in the Clackmannanshire locality is projected at £1.156m which is a significant improvement on the projected overspend reported to the November meeting of the Integration Joint Board. The significant elements within the projected overspend are:
  - Nursing and Residential Homes – Projected £0.890m overspend. Overall client numbers in nursing homes since the last report have been relatively stable at 207. However, there were 28 service users awaiting placement at the time of writing, the costs of which are not factored into the forecast. The potential full year costs of these clients would be £0.730m.



The majority of Residential Home placements are for Learning Disability and Mental Health clients and overall service numbers are also relatively stable at around 60.

Clackmannanshire's number of service users in Long Term Care remains low in comparison to other areas as demonstrated within the Annual Performance Report.

- Respite - Projected £0.009m overspend. This budget includes all respite care including residential and community based care. The forecast assumes all respite for the year has been allocated with no provision for new placements in the remainder of the year.
- Care at Home – Projected £0.998m overspend. Commitments have stabilised at around 10,500 hours per week after showing a steady increase in the early part of the year.

The forecast does not include any adjustment for the under provision of planned care (as a result of hospital admission for example).

- Staffing Costs are projected to underspend by £0.486m for the year as a result of vacancies and improved absence management. It is critical to understand that these vacancies are having the effect of partially offsetting the level of overspend in year and that the filling of such increases the financial challenge on a recurrent basis. This requires to be balanced against the service risks associated with continuing to run at current staffing levels.
  - In relation to Mental Health and Learning Disabilities the costs of additional demand including transitions from Children's Services is effectively nullifying the effect of savings being delivered.
  - Whilst the Partnership has agreed additional in year savings measures for 2018/19 at this time there is little sign of these impacting on the overall projections within the Clackmannanshire locality. There are however, current challenges with staffing levels and cover in Assessment and Care Management which is meaning capacity is focussed on high risk responses including Adult Support and Protection cases rather than review activity.
- The overspend in the Urban and Rural Stirling localities are projected at £1.924m. This figure includes projected costs in relation to staffing of the Bellfield centre which is offset within the Health 'arm' of the budget. It is proposed that the final direction for 2018/19 takes account of this issue.

- As part of ongoing development of financial reporting much work has been undertaken to support locality level reporting though further development of this approach is required.
- It can be observed across the Urban and Rural Stirling localities the major areas of financial pressures are across Care and Support at Home and Respite Care.
- Care and Support at Home – Projected Overspend £0.146m. Within this figure Learning Disabilities and Mental Health is projected to overspend by £0.615m and is partially offset by underspends in the localities. The issues driving increases in care and support at home are broadly as described for the Clackmannanshire Locality.
- Respite Care – Projected overspend £0.681m. There is increasing demand for respite care and options are being examined across the partnership with regard to future models of respite provision. The financial pressures in relation to respite for Older People are higher in the rural than the urban locality.
- Budgets for Long Term Care in nursing and residential homes across the Stirling localities are projected to overspend by £1.465m with £0.664m of this being attributable to Learning Disability and Mental Health clients and £0.801m attributable mainly to Older People across the Urban and Rural Stirling localities.

Across the whole of the partnership area there has also been some delay in roll out of Self Directed Support and this also requires to be accelerated, linked to the prioritised review programme and supported by an effective, efficient, electronic resource allocation system (RAS).

### **Set Aside Budget for Large Hospital Services**

- 8.3. The financial risk associated with the Set Aside budget for Large Hospital Services is currently managed by NHS Forth Valley but is a strategic financial risk for the Partnership as joint accountability frameworks are developed linked to medium term planning. This budget is reporting a £0.947m overspend for the period based on the extant budget model which is under review, the outcome of which is likely to weight a greater degree of the overspend to the Falkirk partnership. The projected overspend is £1.153m for the financial year. The main areas of cost and service pressures within this budget relate to Accident and Emergency Services and Geriatric Medicine and Mental Health Inpatient Services.
- 8.4. Work is ongoing in reviewing the arrangements for the set aside budget and key trend information was presented at the Budget seminar in January 2019.

## 9. Efficiency and Savings Programme Delivery

- 9.1. A pan-partnership savings tracker was previously established to enable monitoring of the savings and efficiency programme and is updated using best information available on a periodic basis including risk rating. This is a complex task and there will always be an element of judgement involved in this process. The full detail of the tracker was reported to the Finance Committee on 19 February for scrutiny.
- 9.2. The tracker projects that £2.489m or 50.8% of the planned savings will be delivered in year.
- 9.3. Whilst this level of savings delivery is concerning it appears to reflect the general position across partnerships nationally from analysis of Health and Sport Committee returns.
- 9.4. The risk ratings of the savings and efficiency programme are summarised in the table below.

Totals by Risk Rating			
	£m	% of Total	
Red	1.675	29.15%	
Amber	2.263	39.38%	
Green	1.809	31.48%	
Totals	5.746	100.00%	

## 10. 2018/19 Financial Risk

- 10.1. The basis of dealing with residual financial risk after all efforts to mitigate the projected overspend is not clearly defined in the integration scheme which states, in simple terms, that it requires to be agreed between the constituent authorities.
- 10.2. Ongoing discussions are continuing to be held to resolve the position for 2018/19. This included discussions with the Chief Executives of the constituent authorities on 15 March to discuss the possible options. Post this discussion there required to be further discussions within the constituent authorities to find a mutually agreeable way forward. At the time of writing these discussions were ongoing.  
It is imperative that this matter is clearly resolved as soon as possible to allow finalisation of year end positions and annual accounting processes.
- 10.3. This is notwithstanding the need to continue to mitigate the projected overspend whilst setting out and agreeing plans to bring the partnership into financial balance on a recurrent basis.

## 11. Impact on Integration Joint Board Outcomes, Priorities and Outcomes

- 11.1. This report and associated recommendations relates to the following Clackmannanshire and Stirling Health & Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate)

Fit with Local Outcomes	
Self Management	x
Community Focussed Supports	x
Safety	x
Decision Making	x
Experience	x

Fit with Our Priorities 'we will...'	
Further develop systems to enable front line staff to access and share information	x
Support more co-location of staff from across professions and organisations	x
Develop single care pathways	x
Further develop anticipatory and planned care services	x
Provide more single points of entry to services	x
Deliver the Stirling Care Village	x
Develop seven-day access to appropriate services	x
Take further steps to reduce the number of unplanned admissions to hospital and acute services	x

## 12. Consultation

- 12.1 There are no specific consultation requirements arising from this report.

## 13. Equality and Human Rights Impact

The content of this report **does not** require a EQIA

## 14. Data Protection Impact Assessment

The content of this report **does not** require a DPIA.

## 15. Appendices



## APPENDIX I

### Set Aside and Operational and Universal Health Services

		Total
Scope	Category Reference & Name	Forecast Outturn C/S IJB
		£
Set Aside	.2 Accident and Emergency Services	(394,900)
	.3a Inpatient Hospital Services General Medicine	(9,639)
	.3b Inpatient Hospital Services Geriatric Medicine	(272,173)
	.3c Inpatient Hospital Services Rehabilitation Medicine	(42,373)
	.3d Inpatient Hospital Services Respiratory Medicine	24,994
	.3e Inpatient Hospital Services Psychiatry of Learning Disability	(90,253)
	.4 Palliative Care (Hospital Based)	798
	.7 Mental Health Inpatient Services	(369,569)
		0
Set Aside Total		(1,153,116)
Operational	.8 District Nursing Services	86,283
	.9 Community Addiction Services	146,757
	.10 Community Based AHP Services	172,544
	.11 Public Dental Service	(23,811)
	.17 Services provided outwith a hospital in relation to geriatric medicine	80,777
	.18 Palliative Care (delivered in Community)	7,089
	.19 Community Learning Disability Services	252,971
	.20 Community Mental Health Services	191,815
	.21 Continence Services	39,551
	.23 Services Provided by health professionals to promote public health	124,822
	.24 Community Hospitals (recurrent budget)	220,633
	.RTs Resource Transfer	0
	.JPA Joint Partnership Agreements	(143,411)
	.PF Partnership Funds (ICF/ Delayed Discharge / Bridging)	0
	.Pass Integration Fund Pass Through Funding	0
	.ResCF IJB Reserves Cfwd	0
	.RTs Resource Transfer	(1)
Operational Total		1,156,019
Universal	.12 Primary Medical Services (GMS Contract)	(21,464)
	.13 Primary Dental Services (GDS Contract)	32,558
	.14 Community Ophthalmic Services	0
	.15 Community Pharmaceutical Services	(1,362,223)
	.16 GP Out of Hours Services	15,818
		0
Universal Total		(1,335,311)
Grand Total		(1,332,407)
TOTAL FOR INTEGRATED BUDGET (EXCLUDING SET ASIDE)		(179,291)

OVERSPEND

## Appendix 2 : In Scope Adult Social Care Budgets

### Stirling Localities

	Urban Stirling Locality			Rural Stirling Locality			Learning Disabilities and Mental Health			Total Stirling Localities		
	Budget	Projection	Variance	Budget	Projection	Variance	Budget	Projection	Variance	Budget	Projection	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Long Term Care	5,095	5,539	(445)	2,930	3,287	(356)	4,124	4,788	(664)	12,149	13,614	(1,465)
Housing Aids and Adaptions	261	261	0	261	261	0	261	261	0	784	784	0
Voluntary Organisations / 3rd sector payments	258	275	(16)	258	275	(16)	227	178	49	744	728	16
Sensory services	105	107	(2)	105	107	(2)	0	0	0	210	215	(4)
Daycare	60	68	(8)	19	19	0	1,732	1,463	269	1,812	1,550	262
JLES	109	109	0	109	109	0	0	0	0	217	217	0
Equipment	90	104	(14)	32	54	(22)	43	21	22	165	179	(14)
Respite	163	618	(456)	81	323	(241)	66	51	16	310	992	(681)
Care and support at home	6,134	6,090	44	3,266	2,841	425	8,702	9,317	(615)	18,102	18,248	(146)
Integration Fund	(1,694)	(1,694)	0	(892)	(892)	0	(1,974)	(1,974)	0	(4,560)	(4,560)	0
Transport	25	25	0	25	25	0	130	96	33	180	146	33
Drug and Alcohol services	41	41	0	41	41	0	41	41	0	124	123	1
Resource Transfer	(1,954)	(1,954)	0	(977)	(977)	0	(2,191)	(2,191)	0	(5,122)	(5,122)	0
Mecs/Telecare/Telehealth	1,077	979	98	0	0	0	0	0	0	1,077	979	98 }
Reablement	771	683	88	771	683	88	0	0	0	1,542	1,366	176 }
Bellfield Centre / Care Village	1,301	1,633	(332)	1,301	1,583	(282)	0	0	0	2,602	3,217	(615) }
Staffing	1,627	1,498	128	1,240	1,099	141	970	835	135	3,836	3,432	404
Savings	(113)	(113)	0	(113)	(113)	0	(799)	(810)	10	(1,025)	(1,036)	10
TOTALS	13,357	14,270	(914)	8,459	8,724	(266)	11,332	12,077	(744)	33,148	35,071	(1,924)

OVERSPEND

### Clackmannanshire Localities

	Budget	Projection	Variance
	£'000	£'000	£'000
Employee Expenditure	7,664	7,178	486
<i>Long Term Care</i>			
Nursing Homes	7,021	7,406	(385)
Residential Homes	3,271	3,776	(505)
<i>Community Based Care</i>			
Care at Home	6,809	7,807	(998)
Day Care	269	334	(65)
Housing with Care	163	206	(43)
Respite	175	185	(10)
Direct Payments	450	543	(93)
<i>3rd Party Payments</i>			
Misc 3rd Party Payments	554	681	(127)
<i>Supplies Services etc.</i>			
Supplies & Services	530	519	11
Premises Expenditure	11	63	(52)
Transport Expenditure	48	56	(8)
Garden Aid (HRA)	108	108	0
<i>Income</i>			
Income	(3,952)	(4,309)	357
Resource Transfer	(7,081)	(7,354)	273
Net Adjustments Between M9 and M10 projection		0	0
TOTALS	16,041	17,197	(1,156)

OVERSPEND

NOTES:

Stirling Localities Based on Month 10

Clackmannanshire Localities Based on Month 9 - Adjusted to Net Month 10 Overall Projection including assumed additional payment for pay award



## Clackmannanshire & Stirling Integration Joint Board

27 March 2019

This report relates to  
Item 7.2 on the agenda

# Integration Joint Board Revenue Budget 2019/2020

*(Paper presented by Ewan Murray)*

*For Consideration and Approval*

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author</b>	Ewan Murray, Chief Finance Officer
<b>Date</b>	18 March 2019
<b>List of Background Papers/List of Appendices</b>	
Scottish Government Medium Term Financial Framework for Health and Social Care – October 2018	
Appendix 1 – Draft Delivery and Transformation Plan Savings Schedule	
Appendix 2 – Summary of Cost Pressures and Expenditure Commitments	
Appendix 3 – NHS Budgets – Summary of Resources and Expenditure Commitments	



**Title/Subject:** Integration Joint Board Revenue Budget 2019/20  
**Meeting:** Clackmannanshire & Stirling Integration Joint Board  
**Date:** 27 March 2019  
**Submitted By:** Ewan Murray  
**Action:** For Consideration and Approval

## **1. Introduction**

- 1.1 The Integration Joint Boards Revenue Budget represents the resource envelope available to deliver delegated functions and the priorities of the Strategic Commissioning Plan.
- 1.2 The budget should be considered alongside the draft Strategic Commissioning Plan including the Strategic Needs Assessment for 2019/2022.
- 1.3 It is the intention to complement the Strategic Commissioning Plan with a draft Medium Term Financial Plan and Delivery & Transformation Plan in June 2019 with the development of these being considered by the Finance Committee during May 2019. This timeline has been agreed with the Chair and Vice Chair of the Integration Joint Board and will give an opportunity for further discussion on strategic resourcing issues including set-aside and the relevant proposals from the Ministerial Steering Group.
- 1.4 The revenue budget should be viewed in the context of:
  - continuing financial pressure across the partnership and ongoing difficulty in delivering sufficient savings, without compromising key partnership performance objectives, to deliver financial balance
  - the future challenges in respect of increasing demand and complexity as detailed in the Strategic Needs Assessment
  - the Annual Performance reports for the Partnership demonstrating relatively high performance comparison to peer partnerships and Scotland as a whole
  - Benchmarking information (e.g. the Local Government Benchmarking Framework) generally demonstrates that many Partnership services are relatively low cost and/or good value in comparison to peers
  - The need to accelerate development of partnership arrangements including the development of locality planning and management and governance arrangements for transforming care.
  - The need to consider the recommendations of the recent Inspection Reports, Audit Scotland report on Integration Progress and Ministerial Steering Group Proposals in how we plan and deliver services in the future
  - The complex legislative and organisational environment the IJB operates within.

- The need for money to lose its identity over time and investment to be focused on impact on outcomes for service users, strategic commissioning plan priorities and achieving best value from scarce public resources
- 1.5 The budget process has followed the approach agreed by the Integration Joint Board in November 2018. It is acknowledged there is a need to review our approach in future years linked to the review of the Integration Scheme agreed to take place during 2019/20. It is anticipated this review will aid the understanding of the relationship between the Strategic Commissioning Plan Priorities, the Strategic Needs Assessment and how resources are invested in relation to those priorities to pursue improved outcomes for the citizens of Clackmannanshire and Stirling.

## **2. Purpose & Summary**

- 2.1 This purpose of this paper is to present the Integration Joint Boards revenue budget for 2019/20 for consideration.

## **3. Recommendations**

The Integration Joint Board is asked to:

- 3.1 Consider and approve the proposed payments and set aside budget for Large Hospitals Services from Clackmannanshire Council, Stirling Council and NHS Forth Valley noting that they are compliant with the terms of the Scottish Government settlement.
- 3.2 Subject to the considerations per recommendation 3.1 accept the indicative unbalanced budget for 2019/20 as an interim position to allow service delivery to continue.
- 3.3 Task the Health and Social Care Partnership Management Team to work with the Chief Executives and Senior Teams of the Constituent Authorities to identify further savings to reduce the financial gap, continue to pursue alternative sustainable methods of service delivery, increase the pace of change and ensure safe levels of care and report back further progress to the Integration Joint Board in June.
- 3.4 Agree that a draft Medium Term Financial Plan and Delivery and Transformation Plan to underpin the Strategic Commissioning Plan will be brought to the Integration Joint Board in June.
- 3.4 Approve the development of a capital strategy for the Health and Social Care Partnership during 2019/20.
- 3.6 Note the update with regard to the National Care Home Contract and agree delegated authority to the Chief Officer and Chief Finance Officer to instruct

commissioning colleagues to propose and agree a settlement to Care at Home and Day-care providers subject to the limits of the provisions made within this paper.

3.8 Note the terms of the Scottish Budget settlement.

3.9 Note the update in relation to the Reserves Policy and Strategy.

#### **4. 2019/20 Scottish Budget Settlement**

4.1. The Scottish Budget was passed by the Scottish parliament in late January 2019.

##### *Local Government Settlement*

4.2. The Local Government Settlement included £160m allocated to Social Care and Mental Health to cover:

- Carers Act Extension - £10m
- Social Care Pressures - £108m
- Free Personal Care < 65s (aka Franks Law) - £30m
- Mental Health in Schools - £12m (out of scope per Integration Scheme)

4.3. The draft Scottish Budget adjusted the Local Government settlement and included an additional £90m of core grant amongst other measures.

4.4. In relation to IJBs the Local Government settlement included the following term:

- Continue to provide an earmarked £160 million from the Scottish Government for health and social care investment to support social care and mental health services – including those under the direction of Integration Authorities– whilst, as part of this package, allowing local authorities the flexibility to offset their adult social care allocations to Integration Authorities in 2019-20 by 2.2% compared to 2018-19, i.e. by up to £50 million across all local authorities to help them manage their own budgets.

##### *Health Settlement*

4.5. The Health settlement within the Scottish Budget included:

- A minimum baseline uplift for territorial NHS Boards of 2.5%
- A share of an additional £23m for those Boards furthest away from NRAC parity (NRAC is the formula used to calculate fair shares of the NHS Scotland resources to territorial NHS Boards).

- Shares of £392m Investment in Reform to Improve Patient Outcomes. This was an increase of £149m from 2018/19 levels in relation to:
  - Primary Care
  - Waiting Times Improvement Plan
  - Mental Health and CAMHS
  - Trauma Networks
  - Cancer

The issues relating to Primary Care and Mental Health (in-part) fall under the scope of IJBs. IJBs should however have an awareness of wider system issues and pressures including, but not limited to, the balance between planned/elective and unplanned/non elective care across the Health system.

- 4.6. The letter to NHS Boards from Scottish Government states ‘In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels.
- 4.7. Furthermore in relation to the Set-Aside budget the letter states “The system reform assumptions in the Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway will be key to delivering this objective and partnerships must ensure that by the start of 2019-20, the set aside arrangements are fit for purpose and enable this approach.” An update in relation to ongoing work in relation to set aside arrangements is provided later in this report.

## **5. Proposed 2019/20 Payments from Clackmannanshire Council, Stirling Council and NHS Forth Valley**

### *Proposed Payment from Clackmannanshire Council*

- 5.1 Clackmannanshire Council agreed their 2019/20 budget on 6<sup>th</sup> March 2019. The budget considerations of the Council set out a very challenging set of financial circumstances with respect to the overall council budget.
- 5.2 The council’s considerations in terms of payment to the IJB are based on it seeking to continue to support the partnership whilst being mindful of affordability in the wider context of the Council’s financial challenges.
- 5.3 The budget proposes a net payment (referred to as resource transfer) for 2019/20 of £17.114m based on a baseline budget of £16.041m plus an estimated additional £1.472m from the Scottish Government settlement less exercising the maximum flexibility permitted by the settlement of a reduction in the baseline funding of 2.2%.
- 5.4 The Council budget did not set out the how the 2.2% reduction has been calculated and clarification has been requested from the Councils Chief Finance Officer.

- 5.5 Analysis of the proposed payment does not arrive at the anticipated amount. The anticipated amount is detailed in the table below.

	£m
Baseline	16.041
Plus: £36k addition for 18/19 pay award differential	0.036
Plus: Shares of £148m per settlement in scope of IJB	1.360
Less: Max 2.2% offset on baseline (£16.041m x 2.2%)	(0.353)
<b>Anticipated Payment</b>	<b>17.084</b>

- 5.6 The difference is thought to have arisen from treatment of funding for Mental Health in Schools, which is out of scope of the IJB, and other complexities in interpretation of the Scottish Government settlement and Local Government Finance Circulars. The IJB Chief Finance Officer has sought further clarification on this from the Chief Finance Officer of Clackmannanshire Council.

- 5.7 The anticipated payment per paragraph 6.5 would represent an increase of £1.043m or 6.5% in comparison to 2018/19.

*Proposed Payment from Stirling Council*

- 5.8 Stirling Council considered the 2019/20 budget on 21 February 2019 with the budget considerations again set against very challenging financial conditions and difficult spending decisions.
- 5.9 The council propose at total payment of £35.539m to the partnership less exercising 50% of the flexibility permitted by the settlement. This equates to a reduction of 1.1% or £0.350m in the payment.
- 5.10 A small corrective adjustment is required to the proposed payment, again as a result of the complexities of the Local Government settlement. This gives a total proposed payment of £35.201m. Interpretation of these adjustments has been agreed with the Councils Chief Finance Officer and is set out in the table below.

	£m
Proposed Payment Per Council Revenue Budget 21 February	35.539
Add: Correction to Investment in Social Care Allocation	0.012
Less: Offset 1.1% Applied to Baseline	(0.350)
<b>TOTAL PROPOSED PAYMENT FOR 2019/20</b>	<b>35.201</b>

- 5.11 The proposed payment represents an increase of £2.051m or 6.2% in comparison to 2018/19.

*Proposed Payment and Set Aside Budget for Large Hospital Services from NHS Forth Valley*

- 5.12 The NHS Board will consider its budget on 26 March 2018. Therefore the proposed payment and set aside budget detailed in this paper is subject to approval of that budget.
- 5.13 In line with the terms of the Integration Scheme NHS Forth Valley gave the IJB an indication of the proposed 2019/20 budget by the end of February and this was reported, as a draft position, to the Finance Committee.
- 5.14 Further discussions in relation to the proposed settlement have since taken place to arrive at the proposed settlement detailed below. The proposed settlement is in line with the terms of the Scottish Government settlement to NHS Boards.

	Baseline £m	Share of 1.8% uplift £m	Share of Pay Uplift £m	2019/20 Budget £m
Set Aside	20.199	0.359	0.376	20.934
Operational and Universal Services	110.807	1.119	0.271	112.197
Social Care 2019/20 (War pensions and guaranteed income)				0.128
Partnership Funding				3.224
<b>TOTALS</b>	<b>131.006</b>	<b>1.478</b>	<b>0.647</b>	<b>136.483</b>

*Compliance with Scottish Government Settlement and Considerations in Respect of Proposed Payments*

- 5.15 The proposed payments from all of the constituent authorities are compliant with the terms of the Scottish Government settlement for Local Government and NHS Boards.
- 5.16 At first glance in respect of the proposed payments from Clackmannanshire and Stirling Councils it would appear counter intuitive that Clackmannanshire Council anticipated payment represents a greater percentage increase against the baseline than Stirling Councils proposed payment when the level of budget reduction applied is greater. It is however important to understand that this is a result of the impact of allocations by Scottish Government of additional monies through the settlement for Social Care Pressures, Free Personal Care and the Carers Act rather than driven by specific decisions by Clackmannanshire Council.
- 5.17 In considering the proposed payments the Board also wish to take due regard of:
- Stirling Council having made an additional payment during 2018/19 of £0.400m (resource transferred from Children's and Families); and
  - Payments from Clackmannanshire Council having been marginally more favourable in 2017/18 and 2018/19 than those from Stirling Council
- 5.18 With the partnership facing inflationary pressures for pay awards, general inflation on supplies, contract inflation on contracts, increasing costs and volumes of prescription drugs and cost pressures associated with increasing

demand and complexity of services the proposed increases in payments will not meet the projected increases in costs requiring the partnership to make £6.222m of savings in 2019/20 to bring service delivery in line with resources available.

## **6. 2019/20 Budget Considerations**

- 6.1 As part of the agreed budget development process Budget Seminars were held with the voting members and relevant officers and professional advisors in December 2018 and January 2019.
- 6.2 The first seminar had a focus on Adult Social Care and the second on in-scope health services with cross-cutting and system wide updates provided to both seminars.
- 6.3 The IJB Finance Committee then met in February to further discuss and consider options and direct officers in terms of budget considerations to be put to the Board.
- 6.4 This report and the draft delivery and transformation plan attached at Appendix 1 covers the issues discussed at these sessions updated for best information available at the time of writing including revisions to the Local Government settlement.
- 6.5 The difference between additional resources available to the IJB via the settlement and proposed payments from the constituent authorities as detailed in Section 5 of this report and estimated cost and demand pressures are summarised in the table below.

## SUMMARY OF PARTNERSHIP FINANCIAL POSITION AT MARCH IJB

<b>Total Cost Pressures &amp; Spending Commitments</b>	<b>£'000</b>
NHS FV	2,970
Clackmannanshire Council	3,119
Stirling Council	5,362
Less: Inflation on Resource Transfer @ 1.8%	-147
<b>Sub-Total</b>	<b>11,304</b>
 <b>Total Additional Resources</b>	
NHS FV	1,988
Clackmannanshire Council	1,043
Stirling Council	2,051
<b>Sub_total</b>	<b>5,082</b>
 <b>Gap Requiring to be Addressed Through Savings</b>	<b>6,222</b>
 <b>19/20 Delivery Plan Savings @ report to March 19 IJB</b>	<b>2,293</b>
 <b>REMAINING GAP</b>	<b>3,929</b>

- 6.6 The most significant driver of the financial gap requiring to be met by savings is the recurrent underlying overspend carried forward from 2018/19 which, after taking account of the full year effect of current care commitments amounts to approximately £4.3m. Further detail on the cost pressures and spending commitments are detailed in Appendix 2 to this report.
- 6.7 Given the scale of the challenge it has not been possible to present a balanced budget at this point. Urgent further work is required for further identify options to reduce cost and bring the budget in line with resources available over both the short, medium and longer terms.
- 6.8 Taking the above into account the initial partnership budget for 2019/20 is estimated at £188.768m consisting of the Integrated Budget of £167.834m plus the Set Aside budget for Large Hospital Services of £20.934m.

The summary budget is detailed in the table below:



**Clackmannanshire and Stirling Integration Joint Board**  
**Proposed Revenue Budget 2019/2020**

**Consisting of Proposed / Anticipated Payments From:**

	£m
Clackmannanshire Council	17.084
Stirling Council	35.201
NHS Forth Valley (Operational & Universal Services)	112.197
Partnership Funding (ICG and Delayed Discharge)	3.224
Social Care Funding (War Pensions and Guaranteed Income)	0.128
<b>Sub Total (Integrated Budget)</b>	<b>167.834</b>
Set Aside Budget for Large Hospital Services	20.934
<b>Total Partnership Budget Including Set-Aside</b>	<b>188.768</b>

**7. Bridging the Financial Gap and Developing the Transformation and Delivery Plan**

- 7.1 Experience in relation to the partnership budget to date has demonstrated the ability to delivery savings of between £2m and £2.5m per annum without a significant adverse effect on whole system performance. This appears consistent with the national picture detailed within the Scottish Government Medium Term Financial Framework for Health and Social Care. IJB financial monitoring returns to the Health and Sport Committee also indicate increasing challenges in releasing cash savings across Health and Social Care Partnerships.
- 7.2 A draft delivery or transformation plan covering the 3 year period of the Strategic Commissioning Plan is under development. An initial draft assessment of financial impact, where quantifiable, is attached as Appendix 1 to this report.
- 7.3 This currently details estimated savings plans totalling £2.293m for 2019/20 though further work is required in many areas to both identify additional options and savings and increase confidence in delivery. There is a particular need for increased and quantified options for in-scope NHS services including Prescribing.
- 7.4 Prescribing has been highlighted in financial reports as being an area under increasing pressure. As a significant element of the IJB budget is also proper that it is an area of focus for potential to reduce costs. As such a significant area of spend, it is essential that we aim to make savings where possible, recognising that much of the spend is not directly within our control. It is anticipated that during 2019/20 efficiency savings will be recognised through technical drug switches which will be approved through the usual clinical governance processes. This work will be reported back to the IJB and Finance Committee.

There are opportunities to change prescribing arrangements to provide benefits both for patient safety and potentially for demand and cost. A strong governance process is already in place within NHS Forth Valley which includes the Medicines Resource Group, the Primary Care Prescribing Group, and input from GP Sub Committees. These groups benefit from having good engagement and buy in from the GPs in the area.

In taking a “once for Forth Valley” approach to prescribing, opportunities which require further scoping and pursuit include:

- A detailed review of waste and over-ordering to unpick the key factors that we could influence.
- The use of serial prescribing for stable patients, leading to a potential reduction in over-ordering and in GP time spent on prescribing.
- Consider the introduction of new innovative supporting roles within the pharmacy team to help improve and streamline the ordering process in conjunction with GP Practices.
- Improved evaluation of the impact and benefits for patients of their prescriptions.
- Consideration of enhancing the approach to social prescribing to improve outcomes for patients.
- Improved communications across Forth Valley regarding prescribing

The above points are at the early stages of development and will require further work to determine if they will deliver benefits over the next five years. Such projects would need to be adequately resourced, for example through project management support, to ensure delivery of the identified benefits.

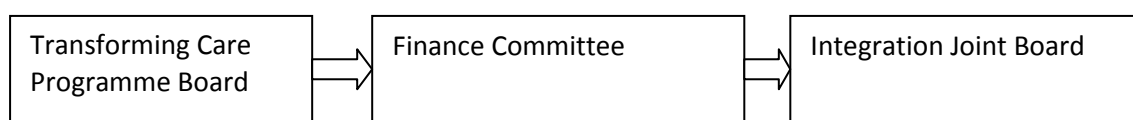
- 7.5 At the current point in time the draft Delivery and Transformation Plan indicates a shortfall in savings options of £3.929m for 2019/20.
- 7.6 Given the draft transformation plan already includes increasingly challenging options including the proposed withdrawal of services from several physical locations it is difficult to see where additional savings of such magnitude could be generated in the short term without significant and immediate service impact.

To put the scale of the challenge in context £3.929m would equate to:

- Approximately 230,000 hours of care at home.
  - 5700 weeks of Nursing Care in a Care Home (at National Care Home Contract rates)
  - Approximately 372,000 Prescription Drug Items (at current average cost per item)
- 7.7 As part of the considerations of the Finance Committee in February 2019 the options around not setting a balanced budget in-year were presented and debated using examples from 2 other Health and Social Care Partnership areas as case studies.

- 7.8 The only realistic option the Partnership can pursue is to accelerate the pace and scale of transformation whilst taking all available possible steps, within the constraints of affordability, safety and legal compliance to bring the levels of service delivery in line with resources available. This will have implications for care delivery across all settings and in order to have a significant effect in the short term may require a review of eligibility criteria. It also requires consideration of disinvestment options as part of an approach where what resources we have available require to be focused on agreed priorities and outcomes. This is a challenging, often contentious and complex process in practice.
- 7.9 This approach requires rapid and radical further development of plans and redesign for sustainable service delivery linked to the Strategic Commissioning Plan Priorities to bring the partnership into balance over the 3 year timeframe. There is a risk however, given the existing level of financial gap and experience to date in terms of delivery of cash releasing savings over and above the additional costs of increasing demand and complexity, that the financial gap could continue to grow.
- 7.10 The recent changes to the NHS Boards Finance regime as a basis, where 1% flexibility is allowed contingent on delivering financial balance over a 3 year period, would appear a reasonable basis for setting a maximum deficit level in year 1. If we relate this option to the Integrated Budget for the time being a suggested maximum deficit in year 1 would be £168m x 1% = £1.68m. Therefore a minimum of £2.249m of additional savings options would require be identified and delivered in 2019/20 to achieve this position.
- 7.11 In addressing a financial challenge of this magnitude the Board also requires to consider its risk appetite or tolerance for reduction in performance against key targets whilst being mindful of the risk of making short term savings which result in increased costs in the medium to longer term. It will also require reductions in the levels of care currently provided which is likely to increase the levels of complaints. The clinical and care governance implications of managing waiting lists also requires to be considered and part of wider risk assessment and management.
- 7.12 However, these risks require to be considered against the risk of continuing as we are, which is likely to be greater and the consequences may become less within the Boards control.
- 7.13 Further discussion will be required with the constituent authorities as part of this process on how this approach could be financed or accounted for over the 3 year period.
- 7.14 We also require to urgently evaluate further measures to manage or reduce the rate of increase of future demand for services. The Board may wish to consider the use of external expertise in this regard e.g. from the Institute of Public Care.
- 7.15 Delivering Transformation

The establishment of a Transforming Care Programme Board as proposed in the Chief Officers report would assist the driving and delivery of the Programme. Due regard also requires to be taken of the adequacy of corporate support services, programme management support and partnership management structure to drive and deliver such an ambitious programme. The relationship of this Board as part of the wider governance and assurance structure is set out below.



## 8. Reserves Policy and Strategy

8.1 Given the financial pressures which have faced the Integration Joint Board budget since establishment the Board does not currently hold any general reserves to assist in managing financial risk or unforeseen circumstances with financial consequence.

8.2 The extant reserves strategy and policy does not set a minimum level of reserves, general or otherwise. The reason for this was at outset it was not envisaged at establishment that the Integration Joint Board would hold significant levels of ongoing reserves but rather reserves would be held to:

- Facilitate change programmes spanning more than one financial year; and
- Manage timing between receipt and optimal timing of expenditure for maximum impact of resources allocated for specific purposes via Scottish Government e.g. for Primary Care and Mental Health Transformation

This policy was generated by the Finance Workstream set up as part of the planning process for Integration Joint Boards in the Forth Valley area and as such reflected collective professional opinion at that point in time and took due account of the differential financial regimes of NHS Boards and Local Authorities particularly in relation to ability to hold reserves.

8.3 Within the 2017/18 Annual Audit report from the Boards External Auditors made the follow comment in relation to reserves “the IJB should consider updating the reserves policy to set out a minimum reserves level.”

8.4 Given the level of ongoing financial pressure in delivery of partnership services a further update of the reserves policy has not yet been considered. The comment in the External Audit report does not specifically make the recommendation in relation to general reserves

- 8.5 Given the ongoing challenges in setting and achieving a balanced budget it is difficult to envisage how setting a minimum level of general reserves is possible in the near time. However, the Board should further consider this across the medium term.
- 8.6 A review of the reserves policy and strategy has not been taken to the Audit Committee for consideration and recommendation to the Board at this point. It is anticipated the Finance and Audit Committees will give further consideration of the issue during 2019/20.

**9. National Care Home Contract (NCHC) Update and Proposed Approach to 2019/20 Uplifts for Care at Home and Day-care Providers**

This element of the report has been written with due regard for ongoing negotiations at both local and national levels and therefore does not disclose information which could prejudice those negotiations.

*National Care Home Contract*

- 9.1 At the time of writing negotiations were ongoing in relation to National Care Home Contract rates for 2019/20 with a significant gap between the offer from COSLA on behalf of Local Government and Scottish Care's expectations on behalf of providers.
- 9.2 The calculations within this paper are based on the current offer from COSLA and therefore there is some risk that:
- There is no agreement; or
  - A final agreement is made at a higher level than estimated – the effect of which would be to increase the financial gap.
- 9.3 Should no agreement be reached the NCHC arrangement will go to dispute this year with no increase in April and a further mandate will be needed from COSLA Leaders.
- 9.4 If there is failure to reach agreement 2019/20 may be used as transitional year to move to an alternative arrangement. It is anticipated dialogue with IJB Chief Officers would be required on the potential options.

*Care at Home and Day-care Providers*

- 9.5 It is acknowledged that providers play a valuable role in service delivery but there is a need to review and adjust our approach to commissioning going forward with an increased focus on delivering outcomes. A commitment has been made to put in place a new contractual framework for 2020/21 onwards and the Integration Joint Board will receive proposals for this later in 2019.
- 9.6 There is also an agreed need to settle rates for 2019/20 as early as possible.

- 9.7 In terms of rate setting for 2019/20 there is a need to agree a basis which is balanced in terms of public sector affordability, a mutual responsibility to improve efficiency focussing on improved outcomes for service users and fairness recognising that providers have increased costs in relation to Scottish Living Wage, General Inflation and Stakeholder pension contributions.
- 9.8 Taking the above into account, a basis for a proposed rate increase has been discussed and agreed with the Chair and Vice Chair of the Board and provision for this is incorporated within the estimates contained within this paper.
- 9.9 In order to proceed as quickly as possible delegated authority is requested to the IJB Chief Officer and Chief Finance Officer to instruct commissioning colleagues to propose and agree a settlement to providers subject to the limits of the provisions made within this paper.
- 9.10 Should the offer not be acceptable to providers within the above parameters the matter will be brought back to the Finance Committee for further consideration in the first instance. In any case an update will be brought to the Committee in May. The IJB Chief Finance Officer will also keep the lead finance officers of the constituent authorities informed of the position via regular finance meetings.

## **10 Set Aside Budget for Large Hospital Services**

- 10.1 The financial pressure in relation to the set-aside budget is currently met by the NHS Board. However, it is acknowledged require to fully implement the legislation and statutory guidance in relation to the Set Aside services.
- 10.2 Trend information in relation to set-aside services was presented to the budget seminar in January and further analytical work was commissioned to provide a basis to update the extant budget model. This analytical work was completed during week ended 15 March 2019 and is the cost implications are now being calculated prior to arrangements for updating the budget model being agreed by the NHS Board Director of Finance and the Chief Finance Officers of the Integration Joint Boards.
- 10.3 Based on the extant budget model the recurrent overspend on the Set Aside budget is £1.153m and taking into account additional resources via the settlement and cost pressures and spending commitments an additional £0.019m of savings are required to bring to financial balance. It is important not to lose sight of this pressure and potential whole system impacts when considering sustainable service delivery options.
- 10.4 It is anticipated that the outcome of this exercise will shift the weighting of the overspend on the set-aside budget further towards the Falkirk partnership. It will still be an area of financial risk for the Partnership going forward which requires to move to a shared risk basis between the NHS Board and Integration Joint Board.

- 10.5 It is critical that the set aside is not viewed as a financial mechanism but rather the consequence of how populations consume Acute Services predominantly driven by unscheduled care. The Board may wish to consider the approach of a capacity and commissioning plan for Set Aside services over the medium term.
- 10.6 It is intended to bring a further update on development of the Set Aside arrangements to the Finance Committee in May and the Board in June 2019.

## **11 Capital Planning**

- 11.1 Whilst the Integration Scheme contains some text in relation to capital planning and efficient use of capital assets across the wider public sector it is recognised that capital planning in the context of the Health and Social Care Partnership is in its relative infancy with the Health and Social Care Partnership generally having to bid for capital resources as part of corporate capital planning approaches.
- 11.2 Consideration and approval of the Strategic Commissioning Plan for 2019-2022 including Primary Care Improvement Plans provide an opportune time to give further consider to capital planning into the medium to longer term on the basis that strategy should drive planning and service delivery.
- 11.3 The wider responsibility of the Health and Social Care Partnership to assist in efficient and cost effective use of capital assets across the public sector is also acknowledged. It is suggested the Strategic Plan Priorities offer opportunities for both rationalisation of assets bases and capital investment in changing service delivery models such as housing with care.
- 11.4 It is therefore proposed that the Integration Joint Board Chief Finance Officer and Chief Officer work with the Section 95 officers and Health Board Director of Finance to develop a capital strategy for the Health and Social Care Partnership during 2019/20 and present this to the Integration Joint Board for approval.

## **12 Conclusions**

- 12.1 The considerations detailed in this paper continue to set out a highly concerning position in relation ability to delivery of services within the financial envelope available. It is critical that this is addressed with the utmost urgency.
- 12.2 There are insufficient resources to continue to deliver services in their current form and configuration and urgent more radical change is required in order for services to be sustainable.
- 12.3 There is an urgent need to further develop and implement the delivery or transformation plan over the Strategic Commissioning Plan period

underpinned by Medium Term financial planning. The Chief Officer role is pivotal in this process and the Board should also take due account of professional advice as part of its considerations.

- 12.4 Given the current financial gap detailed in this paper it is difficult to come to a conclusion other than the risk of the cost of service provision continuing to be in excess of resources available.
- 12.5 There is also a significant risk to key whole system performance including delayed discharge and maintaining appropriate flow between institutional and community settings.
- 12.6 It is imperative in facing this challenge that we continue to work constructively and collegiately across the partnership to create the conditions for improvement, challenge constructively and appropriately and take collective responsibility for the difficult decisions we will face going forward.

### **13 Resource Implications**

- 13.1 Resource Implications are considered within the body of the report.

### **14 Legal & Risk Implications and Mitigation**

- 14.1 Financial resilience is a core element of the Boards Strategic Risk Register which is scrutinised, on behalf of the Board, by the Audit Committee.
- 14.2 The Strategic Risk Register will be further updated with reference to the risks detailed within this report.
- 14.3 The growing demand and complexity of service delivery coupled with ongoing constraints in public expenditure is both a financial and service risk in terms of key partnership performance areas, such as delayed discharge going forward.
- 14.4 Future service design and transformation will require to be increasingly radical in future years in order to be sustainable. The Board should take due regard of risk associated with this going forward including reputational risk, risk of increasing complaints and clinical and care governance risks.
- 14.5 There is also risk that both national and local negotiations for 2019/20 contract rates fail to reach agreement within the provisions made.
- 14.6 The Board should also be mindful of potential risks in relation to Brexit and particular the UK leaving the EU without a deal or transitional arrangements in place. Whilst much contingency planning has and is taking place there are specific risks in both the short and medium terms particularly in relation to workforce and supply and pricing of prescription medicines. No specific account or quantification of these risks are contained within the figures in this report.



## 15 Impact on Integration Joint Board Outcomes, Priorities and Outcomes

- 15.1 This report and associated recommendations relates to the following Clackmannanshire and Stirling Health & Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate)

Fit with Local Outcomes	
Self Management	x
Community Focussed Supports	x
Safety	x
Decision Making	x
Experience	x

Fit with Our Priorities 'we will...'	
Further develop systems to enable front line staff to access and share information	x
Support more co-location of staff from across professions and organisations	x
Develop single care pathways	x
Further develop anticipatory and planned care services	x
Provide more single points of entry to services	x
Deliver the Stirling Care Village	x
Develop seven-day access to appropriate services	x
Take further steps to reduce the number of unplanned admissions to hospital and acute services	x

## 16 Consultation

- 16.1 Consultation on budget options was undertaken as part of the wider Strategic Commissioning Plan consultation exercise as previously agreed with the Board.
- 16.2 The full report is being prepared in relation to the responses however from an initial review responses did not generate significant new ideas to assist in cost improvement and service efficiency.
- 16.3 There will be a need to reflect on the effectiveness of the consultation approach in relation to budget options. However, this is within the context of consultation and public engagement being an ongoing process which will be particularly important as we develop locality arrangements.
- 16.4 The Chair and Vice Chair of the Integration Joint Board and Chair of the Finance Committee were consulted on this paper.

## **17 Equality and Human Rights Impact**

The content of this report **does not** require an EHRIA. EHRIA's are prepared for each significant service change business case.

## **18 Data Protection Impact Assessment**

The content of this report **does not** require a DPIA.

## **19 Appendices**

Appendix 1 – Draft Delivery and Transformation Plan Savings Schedule

Appendix 2 – Adult Social Care – Summary of Cost and Demand Pressures

Appendix 3 – NHS Budgets – Summary of Resources and Expenditure Commitments



Clackmannanshire & Stirling Health and Social Care Partnership							
2019/2022 Draft Delivery & Transformation Plan Savings Quantification - Delivering the Clackmannanshire and Stirling Health and Social Care Partnership Care Model							
	2019/20 £'000	2020/21 £'000	2021/22 £'000	3 Year Total £'00	Notes / Commentary / Interdependencies	Lead Officer	Risk Rating RAG
Locality Delivery Plans & Care Models							
Clackmannanshire Locality Delivery Plan - Revised Care and Workforce Model for CCHC Wards	37	37		74	Crude Estimate Scaled from Bellfield Centre model - dependent on Ludgate model. Respite to move to CCHC. Project plan with appropriate support required. Risk - Care Inspectorate registration. Clackmannanshire Locality Delivery Plan will cover this. Respite plan will include care in people's own homes.	Locality Manager (Clacks)	A
Clackmannanshire Locality Delivery Plan -Withdraw Bed Based Services from Ludgate	136	136		272	Assumes Withdrawal by end September 2019. Work with Clacks Council and 3rd Sector re Future Use Options. Challenging to Deliver in this timeframe.	Locality Manager (Clacks)	A
Clackmannanshire Locality Delivery Plan - Withdraw Bed Based Services from Menstrie House		480	160	640	Assumes Spring 2020 withdrawal. Requires more detailed work and financial appraisal. Assumes 60% of costs redirected into Housing with Care and Alternative Models. Bed modelling and capacity planning for this project. Registration of CCHC could provide interim alternative. No further admissions from 1st April 2019.	Locality Manager (Clacks)	A
Stirling Rural Locality Delivery Plan - Withdraw Bed Based Services from Strathendrick	129	43		172	Avoids increased budget pressure rather than saving. Urgency to implement to avoid increase in costs. Capital funding to re-shape building. Closure strategy for bed based model. Capital investment for community hub which would be owned by the community. No service provision from 1st April. Saving from withdrawal of partnership funding support from 30 June (Q1 funding to pick up any residual costs)	Locality Manager (Rural)	G
Intermediate Care							
Redesign of Reablement Model/Enhanced Care Team and AHP (Community) to Increase Cost Effectiveness	100	150	150	400	Requires significant further work. Current models appear high cost. Model is Closer to Home - integrated health and social care team. Requires full costing of total model. 10% expected from service re-design. Risk - requiries delegation of all services. Requires modelling over lifespan of Strategic Plan. Transparent briefing/workshop required to inform staff.	Locality Manager(Rural)	A
Options for Adult Social Care Delivery							
Further Implement Self Directed Support Using an Electronic Resource Allocation System (RAS)	104	207	207	519	Dependent on effective electronic Resource Allocation System (RAS) with Built in Efficiency of 10%. Based on Achieving Best in Class in Relation to Peer Partnerships (per Annual Performance Report Benchmarks). Requires corporate finance and business support	Locality Managers and Business Support	A
Reviews of Care Packages Using Priority Matrix Agreed Through Finance Committee	464	232	116	812	Figure per Business Case / Presentation to Budget Seminar Dec 18. Diminishing Returns - Assumed 50% year on year. Increasing risk of undermet needs. This links to use of the RAS and Implementation of SDS Capacity Planning required. Risks/impact if care at home is not available. Eligibility Criteria and case studies. Needs separated between older adults and learning disability care groups.	Locality and Service Managers	A
Respite Provision for Older People	TBC	TBC	TBC	0	Links to Bed Base Models - further assessment of demand, capacity and options required.	Locality Managers	R
Learning Disability Day Services	TBC	TBC	TBC	0	Option Appraisal Required.	Service Manager, LD & MH	R
Learning Disability Respite	36			36	Bringing provision in line with allocated budget.	Service Manager, LD &MH	G
Supported Living Service for People With Learning Disabilities		411		411	Per Business Case previously presented. Option appraisal requires to be completed considering all options including external commisioning.	Service Manager, LD & MH	A
Use of Waiting Lists	TBC	TBC	TBC	0	Legal but must manage waiting lists. Risk to whole system flow and performance.	Locality and Service Managers	R
Constraining Capacity in Care at Home to Affordable Levels	TBC	TBC	TBC	0	Per above.	Locality and Service Managers	R
Better Value from ADP Contracts							
Retendering of Alcohol and Drug Partnership Contracts	50			50	Dependent on tender outcome without reducing capacity.	ADP Co-ordinator	A
Prevention and Demand Management Approaches				0			
Use of Bellfield for Additional Period Off Assessment	TBC	TBC	TBC	0	Need to model effect on demand curve. Look at early impact post Q1 2019 as part of post project evaluation.	Locality Manager, Stirling	A
Explore Institute of Care Approaches in Managing Demand for Adult Social Care Services	TBC	TBC	TBC	0	Need focused work on opportunities re demand management including based those based on research and examples of impact from both within and outwith Scotland. Explore use of systems dynamics modelling to forecast effect including impact on demand curve	Programme Manager	A
Evaluate Whole System Impact from Rural Pilot and Consider Expansion Roll Out of Model of Neighbourhood Care Models	TBC	TBC	TBC	0	Consider evaluation of pilot and lessons for rollout of approach as part of overarching care models.	Locality Managers	A
Consider Use of ADL Smartcare or Alternative as Model of Managing Low Level Prevention @ Eligibility Criteria 1&2	TBC	TBC	TBC	0	Appears to be having positive impact on demand management in other partnership areas.	Programme Manager	R
Unscheduled Care, Alternatives to Admission and Whole System Working							
Developing Lochview 4 as a Complex Care Facility	TBC	TBC	TBC	0	Early stage of Exploration	Service Manager , LD and MH / Lead Nurse LD	R
Review Marchglen Commissioning Arrangements	TBC	TBC	TBC	0	Review of contract and commissioning arrangement of this service is required to achieve better value and improved outcomes.	Service Manager, LD & MH	R
50% Savings from Reductions in Unscheduled Care Use / Managing Frailty in the Community	TBC	TBC	TBC	0	No assumptions locally at this point. This is SG assumption in Medium Term Financial Framework	TBA	R
Whole System Benefits from Primary Care Improvement Plan and Action 15 Mental Health	TBC	TBC	TBC	0	No assumptions locally at this point. Need to evaluate impact.	TBA	R
Benefits from Regional Working	TBC	TBC	TBC		No assumptions locally at this point. This is SG assumption in Medium Term Financial Framework	TBA	R
Benefits from Public Health Reform	TBC	TBC	TBC		No assumptions locally at this point. This is SG assumption in Medium Term Financial Framework	TBA	R
Mental Health Redesign	148			148	Per Report Approved by IJB June 2018 Proposal for re-design of Marshall service. Action 15.	Service Manager, LD & MH	G
Learning Disabilities Redesign	84			84	Per Report Approved by IJB June 2019	Service Manager, LD & MH	G
Charging and Income Maximisation							

Ensuring Financial Assessments are completed and appropriate charges raised	TBC	TBC	TBC		Require assurance that financial assessments are completed timeously, clients are supported to income maximise and appropriate charges are raised.	Business Support & Finance in Local Authorities	A
Harmonisation of charging policies	TBC	TBC	TBC		Explore issues and potential opportunities during 2019/20	TBA	
Consider Move to a Pan-Partnership Contributions Policy	TBC	TBC	TBC		Links to SDS. Review approaches elsewhere and consider application locally.	TBA	
Improving Efficiency and Cost Effectiveness of In-Scope Health Services							
Reducing Numbers of Sites Services are Provided From e.g. Podiatry AHPs Older People Travel Efficiencies	TBC	TBC	TBC		Requires significant further work on options for future years. May be capital implications.		
	1			1		Locality Manager, Rural	G
Various Redesign and Skill Mix Changes in Health Improvement Services	54			54		Service Manager, Health Improvement	G
Safe and Efficient Nursing and AHP Workforce Models	TBC	TBC	TBC		Require more detail of Partnership impact. Risk of double count with CCHC remodelling and reablement.	TBA	
Family Health Services Prescribing Reviews and Technical Switches	123	TBC	TBC	123	Per Draft Prescribing Efficiencies Plan @ 6th March	Prescribers & Pharmacy Support Teams	G
	9	TBC	TBC	9	Per Draft Prescribing Efficiencies Plan @ 6th March	Prescribers & Pharmacy Support Teams	A
	92	TBC	TBC	92	Per Draft Prescribing Efficiencies Plan @ 6th March	Prescribers & Pharmacy Support Teams	R
Targeting Over-ordering	94	TBC	TBC	94	Per Draft Prescribing Efficiencies Plan @ 6th March	Prescribers & Pharmacy Support Teams	R
Off Patent Savings	TBC	TBC	TBC	0	Per Draft Prescribing Efficiencies Plan @ 6th March	Prescribers & Pharmacy Support Teams	R
Part 7 Tariff Reductions	TBC	TBC	TBC	0	Per Draft Prescribing Efficiencies Plan @ 6th March	Prescribers & Pharmacy Support Teams	R
Consider local Incentive Scheme for GP Practices	TBC	TBC	TBC	0	Further scoping required.	Prescribers & Pharmacy Support Teams	R
Use of Scriptswitch	TBC	TBC	TBC	0	Appears to be greater impact in other Health Board areas.	Prescribers & Pharmacy Support Teams	R
Reducing Variation and Waste in Primary Care and Communities	TBC	TBC	TBC	0	Difficult to put figures on but significant scope. Require significant focus on issue pan Forth Valley	Prescribers & Pharmacy Support Teams	R
Enablers to Deliver Change, Mange Demand and Improve Value							
New Contract Framework for Commissioning Care at Home Focussed on Commissioning for Outcomes	TBC	TBC	TBC	0	Maybe be better value and reduce demand curve rather than cash. But potential for reductions from other areas experience.	Commisioning and Business Support	A
Roll Out Use of Real Time Monitoring in Care at Home	TBC	TBC	TBC	0	Option of embedding in New Contract Framework for Care at Home	Locality Managers	A
Disinvestment and Strategic Commissioning Aligned to New Strategic Commissioning Plan Priorities							
Partnership Funding Offset	632	-76	-78		Assumes 3% pa inflation on supported projects - as allocation is not inflated there is a diminishing return. Further disinvestment could be considered.	Integrated Care Funds Manager	G
Other Disinvestment Options	TBC	TBC	TBC			TBA	
TOTALS	2,293	1,621	555	3,991			

NOTES

Significant amounts of issue still require further work and financial quantification.  
Structured of Programme to be Developed with Key Leads and Risk Assessments  
Lists of potential options not necessarily exhaustive  
Need to focus available capacity on priorities and ensure delivered  
Demand management approaches require focus.

## APPENDIX II

### In Scope Adult Social Care Services - Estimated Cost and Demand Pressures 2019/20

Cost and Demand Pressures		Clackmannanshire Locality £'000	Stirling Localities £'000	Total £'000	Notes
Roll Forward Care Commitments					
	Full Year Effect per current care commitments	1,462	2,650	<b>4,112</b>	This exceeds currently forecast overspend due to in year non recurring savings offsetting 18/19 forecast position (including posts).
	Locality Manager Post Filled	97		97	
	Pay Awards	250	293	543	
	Rural Stirling Care at Home Contract		217	217	
	Demographic Growth and Complexity Growth				
	3 Year Average Growth	475	500	975	
	Transitions from Childrens Services	100	170	270	
	Lochview / Bellsdyke Discharges		276	276	
	Free Personal Care < 65's				
	Local Estimates	107	120	227	Appears to be more funding in settlement for this than local estimates probably due to low number of clients receiving charges.
Contract Inflation	Care @ Home & Daycare Providers	268	585	853	Estimated Cost of Proposed Negotiation Position
	National Care Home Contract	263	570	833	Assumed per current intelligence on negotiations
Carers Act	Staffing Pressures	42	50	92	
	Other Estimated Requirements	55	111	166	Based on Requirements Equating to Shares of £10m
	Estimated Non-Recurrent Impact re Bellfield Centre inc Agency Use		(80)	(80)	Based on M10 Projections - Assumes delivered recurrently per report to Project Board on affordability
	Adjustment for Non-Recurrent Expenditure (Dementia)		(100)	(100)	
<b>TOTALS COST AND DEMAND PRESSURES</b>		<b>3,119</b>	<b>5,362</b>	<b>8,481</b>	

**APPENDIX III - NHS Budgets - Resource Uplifts and Expenditure Commitments**

2019 03 12

NHS Forth Valley

Draft Financial Plan 2019/20

Item		TOTAL	
	Clacks Stirling		
	Operational / Universal	Set Aside	
	£m	£m	£m
<b>Resources</b>			
Base Uplift 1.8%	1.119	0.359	1.478
NRAC			
Social Care - war pensions and guaranteed income	0.128		0.128
Budget Consequentials for Pay Award 2018/19	0.365	0.263	0.628
Budget Consequentials for Pay Award 2019/20	0.376	0.271	0.647
Total Resource Increase	1.988	0.892	<b>2.881</b>
<b>Expenditure Commitments</b>			
<u>Pay Costs</u>			
Pay Inflation 2019/20 (incl Consequentials)	0.657	0.500	1.157
Pay Consequentials for Pay Award 2018/19	0.365	0.263	0.628
<u>Non Pay</u>			
General Price Inflation	0.051	0.033	0.084
Other inflation incl energy / cross boundary flow etc	0.049		0.049
Resource Transfer	0.147		0.147
<u>Drugs and Medicines</u>			
Prescribing - Community	1.501		1.501
Hospital Drugs	0.072	0.117	0.188
<u>Other Areas</u>			
Social Care - war pensions and guaranteed income	0.128		0.128
Total Additional Expenditure	2.970	0.912	<b>3.882</b>
<b>Total Gap - Savings requirement</b>	<b>(0.982)</b>	<b>(0.019)</b>	<b>(1.001)</b>

based on 2018/19 value  
funding allocated recurrently in 2018/19

inflation calculated per pay A4C pay settlement  
funding allocated recurrently in 2018/19

2%  
inflation summary  
£8.167m x 1.8%

5.24%  
10%

based on 2018/19 value



## **Clackmannanshire & Stirling Integration Joint Board**

27 March 2019

This report relates to  
Item 7.3 on the agenda

# **Commissioned Services – Extension of Third Sector Contracts**

**(Paper presented by Caroline Cherry and Jim Robb)**

*For Approval*

<b>Approved for Submission by</b>	Caroline Cherry, Locality Manager, Stirling Urban and Jim Robb Service Manager, Learning Disability and Mental Health
<b>Author</b>	Phil Watt, Planning and Commissioning Officer, Stirling Council
<b>Date:</b>	27 March 2019
<b>List of Background Papers/List of Appendices</b>	
Appendix 1: Third Sector Services – 2019/20 Funding Proposal	



**Title/Subject:** Commissioned Social Care Services – Extension of Third Sector Funding 2019/2020 for approval

**Meeting:** Clackmannanshire & Stirling Integration Joint Board

**Date:** 27 March 2019

**Submitted By:** Caroline Cherry Locality Manager, Stirling Urban, and Jim Robb Service Manager, Learning Disability and Mental Health

**Action:** For Approval

## **1. Introduction**

- 1.1. The Partnership commissions services from a range of third sector agencies through Clackmannanshire and Stirling Councils.
- 1.2. The Board has previously indicated that a single strategic commissioning approach must be implemented across the Partnership for the commissioning of services; this has been a delay due to capacity issues within services. While this is implemented, there is a need to extend current arrangements to ensure continuity of care for existing service users.
- 1.3. The paper includes a business case for additional funding to meet increased demand in the Stirling Carers Centre.

## **2. Recommendations**

The Integration Joint Board is asked to:

- 2.1. Approve the funding of £859,529 to fifteen organisations for 2019/20 as set out in Appendix 1 to allow time to develop a strategic approach to commissioning or decommissioning these services across the Partnership.

## **3. Resource Implications**

- 3.1. The funding arrangements for these fifteen third sector organisations expire on 31 March 2019. Extending the funding arrangements as proposed in Appendix 1 will cost £859,529 in 2019/20.

## **4. Legal & Risk Implications and Mitigation**

- 4.1. Refusing the extension of the funding arrangements will cause services to end. As a consequence, Partnership staff having to deliver those services that are required under statute including advice and support to people

receiving support through SDS option 1; and advice and support to people under the Carers (Scotland) Act 2016.

- 4.2. There has not been consultation to end these services and there is a risk of challenge under the common law rights of the “implied right to consultation” and also the “Gunning principles”.
- 4.3. Approving the extension of contracts with a cumulative value over thresholds in Contract Standing Orders and procurement regulations runs the risk of challenge from potential providers. The short term nature of the extension mitigates the likelihood and impact of any challenge.
- 4.4. It should be noted, that Section 12 of the Procurement Reform (Scotland) Act 2014 provides for a contracting authority to award health or social care contracts, or framework agreements, with a lifetime value between £50,000 and £615,278 (€750,000) without advertising provided the conditions in the procurement regulations are met.

## **5. Background**

- 5.1. The Partnership commissions services from a range of third sector agencies. Funding to fourteen of these organisations ends on 31 March 2019 and these services will likely end if the current arrangements are not extended.
- 5.2. The Board has previously indicated that a single strategic commissioning approach must be implemented across the Partnership for the commissioning of services; this has been a delay due to capacity issues within services. While this is implemented, there is a need to extend current arrangements to ensure continuity of care for existing service users.

### **Self Directed Support – Advice and Support**

- 5.3. A working group has been meeting regularly to develop the tools needed to fully implement Self Directed Support in the Partnership. An options appraisal has been started but will not be completed in time to allow a new service to be procured before 1 April 2019. Therefore, a six-month extension to the current contract is required.

### **Carers Centres**

- 5.4. A working group meets regularly to oversee the implementation of the Carers (Scotland) Act 2016. The Act has resulted in some new duties and increased demand. The demand for support to unpaid carers is still evolving and work to complete a commissioning strategy will be completed in 2019/20. This will allow the procurement a consistent service to meet the needs of unpaid carers across the Partnership. This is likely to be through an open and transparent tendering process.

## Mental Health and Learning Disability

- 5.5. A strategic approach has been established to look at care and support services including day opportunities and short breaks for people with mental health and learning disabilities in the Partnership. Once completed services will be procured. In the meantime, current arrangements need to be extended.

## Clackmannanshire – Transfer responsibility

- 5.6. The responsibility for funding two services relating to gender based violence will be transferred to the Partnership from Clackmannanshire Council where they were currently managed by corporate services. Current arrangements will need to be extended while a strategic approach is developed across the Partnership.
- 5.7. Similar services in Stirling are contracted until 2021 and are currently managed within the Council.

## Stirling – Older Adults

- 5.8. A programme board is being established to look at care at home and associated work streams in the Partnership. This will develop a strategic approach to procuring services including day opportunities and food/grocery deliveries. In the meantime, current arrangements need to be extended.

## Connected Neighbourhoods

- 5.9. Three years funding from July 2017 to support making Stirling a dementia friendly city. Funding in 2019/20 of £10,000.

## 6. Impact on Integration Joint Board Outcomes, Priorities and Outcomes

- 6.1. This report and associated recommendations relates to the following Clackmannanshire and Stirling Health & Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate)

Fit with Local Outcomes	
Self Management	
Community Focussed Supports	✓
Safety	
Decision Making	
Experience	

Fit with Our Priorities 'we will...'	
Further develop systems to enable front line staff to access and share information	
Support more co-location of staff from across professions and organisations	
Develop single care pathways	✓

Further develop anticipatory and planned care services	
Provide more single points of entry to services	
Deliver the Stirling Care Village	
Develop seven-day access to appropriate services	
Take further steps to reduce the number of unplanned admissions to hospital and acute services	

## **7. Consultation**

- 7.1 There has not been consultation to end these services and there is a risk of challenge under the implied right to consultation and also the Gunning principles.
- 7.2 The business case for the Stirling Carers Centre was developed with the service as part of the implementation of the Carers Act.

## **8. Equality and Human Rights Impact**

The content of this report **does not** require a EQIA

## **9. Data Protection Impact Assessment**

The content of this report **does not** require a DPIA.

## **10. Appendices**

- 10.1 Third Sector Services-19/20 Proposal

## Appendix 1: Third Sector Services – 2019/20 Funding Proposal

Organisation	Description	Proposal	Proposal Value 19/20
<b>Self Directed Support – Advice and Support</b>			
1A: SDS Forth Valley Clackmannanshire.	Advice and Support re SDS opt 1	Confirm Service Specification and then procure. Extend for six months from 1 April 2019 to 31 September 2019.	£ 10,967
1B: SDS Forth Valley Stirling.	Advice and Support re SDS opt 1	Confirm Service Specification and then procure. Extend for six months from 1 April 2019 to 31 September 2019.	£16,625
<b>Unpaid Carers Advice and Support</b>			
2: Central Carers Association Clackmannanshire	Information and Advice to Carers	Extend for one year while assess need and develop strategic approach across Partnership. Council funding (£54,644) and CIS (£53,420 )	£108,064
3: Stirling Carers Centre	Information, income max assessments, carers assessments, group work, advocacy and support	Extend for one year while assess need and develop strategic approach across Partnership Council funding (£79,744) and CIS (£76,512)	£156,256
<b>Mental Health and Learning Disability</b>			
4: People First Clackmannanshire	Collective advocacy services for adults with learning disabilities	Extend to 31 March 2020 with break clause. Develop strategic approach for preventative mental health services across Partnership.	£20,185
5: Action in Mind Stirling	Counselling; rural outreach; befriending; and drop in hub	Extend to 31 March 2020 with break clause. Develop strategic approach for preventative mental health services across Partnership. (Note Children's reviewing service too)	£123,136
6: Artlink Stirling	Art classes for adults with diagnosed mental health problems	Extend to 31 March 2020 with break clause. Develop strategic approach for preventative mental health services across Partnership.	£11,150
7: Central Advocacy Partners – Social Inclusion Programme Stirling	Access and deliver activities for adults with learning disabilities	Extend to 31 March 2020 with break clause. Develop strategic approach learning disability services across Partnership.	£40,905
8: Let's Make It Better (SunLite Café) Stirling	Volunteering in a social enterprise café	Extend to 31 March 2020 with break clause. Develop strategic approach for preventative mental health services across Partnership.	£25,530
<b>Clackmannanshire – Transfer Responsibility</b>			
9: Clackmannanshire Women's Aid	Women's support service and temporary refuge accommodation to women and their children.	Decision about the budget and contract management moving from corporate to HSCP to take place	£161,442
10: Forth Valley Rape Crisis and Sexual Abuse Centre Clackmannanshire	Emotional and advocacy support to survivors of sexual violence	Decision about the budget and contract management moving from corporate to HSCP to take place	£12,903

Stirling – Older Adults			
11: Alzheimer Scotland	Day care	Extend to 31 March 2020 with break clause. Part of the Care at Home Programme Board. May change to a spot purchase basis	£19,770
12: Food Train	Grocery deliveries	Extend to 31 March 2020. Likely to be part of wider food/grocery workstream across Partnership	£66,000
13: Town Break	Day club opportunities	Extend to March 2020 with break clause. Part of the Care at Home Programme Board Develop strategic approach for preventative older peoples services across Partnership	£32,580
14: RVS	Step Down Service	Extend to 31 March 2020 with break clause. Part of the Care at Home Programme Board Assess need, then if required develop strategic approach for service across partnership	£44,016
Our Connected Neighbourhoods - Stirling			
15. Stirling University	Neighbourhoods and Dementia Programme Models	\$10,000 per year for three years (Duration of Connected Neighbourhoods Project) starting July 2017. NB: This is not part of the £100,000 growth monies	£10,000
<b>Total</b>			<b>£859,529</b>



Dr Richard Ward  
Dementia Studies  
University of Stirling  
Stirling  
FK9 4SY

**Strategic Commissioning**

Stirling Council  
Room 41  
Old Viewforth  
14-20 Pitt Terrace  
Stirling  
FK8 2ET

Tel: 01786 233881

E-mail: [barronc@stirling.gov.uk](mailto:barronc@stirling.gov.uk)

Date: 26 February 2019

Dear Dr Ward,

**Neighbourhoods and Dementia Programme (Our Connected Neighbourhoods)  
1 July 2017-30 June 2020 - Letter of Support**

Further to Alan Milliken's letter to Life Changes Trust in March 2017 (attached), I write to confirm Stirling Council's ongoing commitment to partnership working with the University of Stirling and local Third Sector partners.

In support of the above project Stirling Council has agreed to provide £30,000 across the life of the project, £10,000 in each year of the agreement, paid on a quarterly basis.

Please submit an invoice for £10,000 covering the period 01/07/2017 to 30/06/18. This will allow us to expedite payment for the initial year of the agreement.

Payments for 2018/19 and 2019/20 will be made through the approved Stirling Council payment process for Third Sector Organisations as follows:

Quarter	Period	Payment Amount
2	01/07/2018 to 30/09/18	£2,500
3	01/10/2018 to 31/12/18	£2,500
4	01/01/2019 to 31/03/19	£2,500

Given that we find ourselves in Quarter 4 of the 2018/19 Financial Year, I propose that we process the above payments as one, thereby reducing administration for both parties. Once I am in receipt of your invoice I will be in a position to make these arrangements.

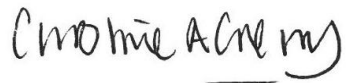
2019/20 payments will follow the above timetable, quarter 1 (01/04/2019 to 30/06/19) will be made in April 2019.



Whilst this funding is not subject to formal monitoring arrangements, I would respectfully request copies of regular project reports submitted to Life Changes Trust throughout the duration of the agreement.

I trust the foregoing is agreeable to you and I look forward to receiving your invoice as soon as possible.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Caroline Cherry".

**Caroline Cherry**  
**Locality Manager-Stirling Urban**  
**Clackmannanshire and Stirling Health and Social Care Partnership**

Enc.



Anne Buchanan  
Director, Life Changes Trust  
c/o Lindsay Sibbald  
Room 2T1  
Neighbourhoods Project Administrator  
Faculty of Social Sciences  
University of Stirling  
FK9 4LU

**Stirling Council**  
Communities and People  
Old Viewforth  
Stirling  
FK8 2ET  
Tel: 01786 233225  
E-mail: [milikena@stirling.gov.uk](mailto:milikena@stirling.gov.uk)

Ref: AM/MLI  
Date: 08 March 2017

Dear Ms Buchanan

**Re: Neighbourhoods and Dementia Programme Models-Partnership with Stirling University**

I am writing on behalf of Stirling Council to offer Stirling University our support in expanding their Neighbourhood Dementia Research proposal to the next stage of designing and delivering interventions.

These are in main proposals in kind however I will outline the possibility of accessing current and future financial resources to match fund this bid.

In terms of Local Authority governance, any offers of resources are contingent upon ratification of agreement through future Council Committee processes.

**General Partnership Support-Strategic**

As you are aware Stirling is a Dementia Friendly City and we have a multi-agency plan to deliver on our Dementia Friendly status. Stirling University have been a key partner in this work so far.

Our methods of consulting with and learning from people with dementia is fundamentally based on research by Stirling University and as we have discussed our research and our plan focused on people, places and activities run alongside each other with parallel outcomes. We accept that Dementia Friendly Stirling essentially has an overarching Stirling City ethos but is fundamentally about supporting people at neighbourhood level within their own communities.

We offer Stirling University a co-ordinated focus of activity to ensure Stirling is dementia friendly which will involve many aspects and sections of the Council, the NHS and a large variety of third sector agencies coming together to develop our plan. Strategically you will be aware that supporting people to remain well at home remains one of the key drivers for health and social care.

Stirling University research very much links with **Stirling Council's Communities Approach** and we will link the University to gather emerging data from local areas and from Adult Social Care data to assist in identifying the neighbourhoods that the University may wish to focus the next stage of research.

We will offer technical expertise in terms of planning within neighbourhoods and resources in terms of access to buildings and services within neighbourhoods such as our local libraries.

## **General Partnership Support-Operational**

Operationally, we will offer direct Adult Social Care practitioner (and related practitioners such as reablement staff) support to assist Stirling University in the piloting of interventions with people with dementia.

The Adult Social Care service supports a number of people with dementia directly through practitioner involvement and care co-ordination and indirectly through the provision of care at home. We therefore can provide access to staff in a variety of roles who are supporting people with dementia and their carers and families. I have indicated that we have an Adult Social Care Team Manager who will be a dedicated operational link for any dementia related activity. We can assist you (with full consent of participants and families) with recruiting participants for your study.

We are currently reviewing our delivery on Self Directed Support (SDS) throughout the Council. We can link you in with developing group models (or pooled budgets) for delivering support in line with SDS guidelines. I would suggest that we consider an SDS pilot of pooled budgets for people with dementia. To this end, we can offer funding support to develop this pilot as long as this is agreed through our governance processes.

## **Resources-Financial**

We estimate approximately £30-40k at this moment in time for direct financial support from Stirling Council with the hope that we will be able to identify other sources of direct financial support as the project gets underway. I trust this is sufficient information to support Stirling University's bid and would be happy to provide further detail if required.

Yours sincerely



**Alan Milliken**  
**Head of Communities and People**



## **Clackmannanshire & Stirling Integration Joint Board**

27 March 2019

This report relates to  
Item 7.4 on the agenda

# **Partnership Funding**

*(Paper presented by Ewan Murray)*

## *For Noting and Approval*

<b>Approved for Submission by</b>	Ian Aitken, Chief Officer
<b>Author</b>	Stephanie McNairney, ICF Manager
<b>Date</b>	27 March 2019
<b>List of Background Papers/List of Appendices</b>	
Appendix 1: 3 year investment plan	

**Title/Subject:** Partnership Funding  
**Meeting:** Clackmannanshire & Stirling Integration Joint Board  
**Date:** 27 March 2019  
**Submitted By:** Stephanie McNairney  
**Action:** Noting and Approval

## **1. Introduction**

- 1.1. Partnership Funding Streams have been allocated to the Partnership to enable transformational change.
- 1.2. The Chief Officer and Chief Finance Officer have advised that they intend, as part of reporting the outcomes of the review, that recommendations on ongoing funding and disinvestment will be brought forward to Integration Joint Board, with a view to ensuring the most effective use of resources to meet the required outcomes and taking cognisance of affordability given the overall financial challenges faced by the partnership. In addition, there is a need to shift towards a strategic commissioning approach, focusing the available resource in line with the Partnership's strategic vision and priorities.
- 1.3. The Partnership Funding Review Group undertook a review of a selection of funded initiatives on 18 January 2019. The review process is set out in this paper.

## **2. Purpose & Summary**

- 2.1. This paper provides the Integration Joint Board with an update with regards the review of funded initiatives.

## **3. Recommendations**

The Integration Joint Board is asked to:

- 3.1. Note and approve the Partnership Funding recommendations set out in sections 6, 7 and 8 of this paper.
- 3.2. Note and approve the investment plan within Appendix 1 which sets out anticipated costs for 2019-2022 should all currently funded initiatives continue to be supported, with a 3% uplift applied in each of those years. It should be noted that all funded initiatives would continue to be subject to the usual conditions around value for money and strategic fit.

#### **4. Resource Implications**

- 4.1. Any recommendations and subsequent decisions taken around Partnership Funding Streams will have an impact on the overall financial position of the Health and Social Care Partnership.

#### **5. Legal & Risk Implications and Mitigation**

- 5.1. Legal and risk implications are considered and addressed by each of the funded initiatives at a local level.

#### **6. Background**

- 6.1. The Scottish Government has made available to the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) £2.48m of Integrated Care Funds, and £0.744m of Delayed Discharge Funds each year.
- 6.2. To ensure investments drawing on Partnership funding are sustainable, provide good value, and fit with the Strategic Plan priorities, a process of review has been in place.

#### **7. Funding Review**

- 7.1. Over the last 2 years, Partnership Funded initiatives have been subject to ongoing review and redesign recommendations. A number have also ceased to be funded via Partnership Funding and have been absorbed by core operational budgets or alternative funding sources.
- 7.2. During that time, the Partnership Funding Review Group has reviewed and evaluated initiatives performance and value for money alongside the Strategic Plan priorities and within the financial context of the Partnership, based on the quarterly monitoring reports required of initiatives as a condition of their funding. These quarterly monitoring reports were often variable in their quality.
- 7.3. On 18 January 2019, the Partnership Funding Review Group met. On this occasion a different approach was taken. Representatives from each of the initiatives being evaluated were invited to attend. They each delivered a presentation followed by a period of questioning and discussion.
- 7.4. The initiatives which were evaluated at this session were selected on the basis of significant alignment and interface; and with a view to identify any gaps or opportunities. Positive feedback was received. These were:
  - Enhanced Community Team
  - Night Nursing
  - Hospital Discharge Team – Clacks
  - Hospital Discharge Team – Stirling
  - Overnight Care – Clacks and Stirling

## **8. Overnight Care Services recommendations**

- 8.1. Confirm Out of Hours recurring funding to Night Nursing (NRAC split of £100,000 for Forth Valley). This will leave balance of £27,609 per year to continue to be met from Integrated Care Fund.
- 8.2. This group of services are considered to be part of the core services going forward. Recommend a redesign of overnight care services into a hub type arrangement including Night Nursing, Overnight Care Clacks, Overnight Care Stirling, Hospital Discharge Team Clacks, and Hospital Discharge Team Stirling. It should however be noted that Enhanced Community Team and Night Nursing operate on a pan Forth Valley basis, and therefore require careful consideration in order to avoid any decisions having a detrimental effect across the Forth Valley system, acknowledging that the two Partnership areas currently have different levels of financial pressures and varying local need. Consideration should also be given to linkages with GP Out Of Hours service which is not supported via Partnership Funding.
- 8.3. Overnight Care Stirling allocation is not being utilised and should be taken towards savings, which may then be made available to support services or activities within the priority areas of the forthcoming Strategic Plan for 2019-2022. Recommend giving 3 month notice period to cease funding allocation.

## **9. Enhanced Community Team recommendations**

- 9.1. This is a key area of service within the Partnership in line with our future service models and should continue to be funded.

## **10. General recommendations**

- 10.1. The Partnership Funding Review Group considers almost all Partnership Funded initiatives to be part of our essential service delivery to achieve the priorities of the Partnership's Strategic Plan. Therefore propose that following receipt and evaluation of Quarter 4 2018-19 performance reports these initiatives are considered as part of the wider and ongoing evolution of services within the Partnership, and not as a separate short term funding stream; and that quarterly performance reports should no longer be requested against Partnership Funds and instead be monitored as part of a continuous improvement approach applied to all services.
- 10.2. Note and approve Appendix 1 sets out a 3 year investment plan based on anticipated costs for 2019-2022 should all currently funded initiatives continue to be supported, with a 3% uplift applied in each of those years.
- 10.3. Agree consistent names of services to avoid confusion.
- 10.4. Review of accommodation across the Partnership with a view to enabling collocation, being mindful of forthcoming developments and service redesigns.

## 11. Impact on Integration Joint Board Outcomes, Priorities and Outcomes

- 11.1. This report and associated recommendations relates to the following Clackmannanshire and Stirling Health & Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate)

Fit with Local Outcomes	
Self Management	x
Community Focussed Supports	x
Safety	x
Decision Making	x
Experience	x

Fit with Our Priorities 'we will...'	
Further develop systems to enable front line staff to access and share information	
Support more co-location of staff from across professions and organisations	x
Develop single care pathways	x
Further develop anticipatory and planned care services	x
Provide more single points of entry to services	x
Deliver the Stirling Care Village	
Develop seven-day access to appropriate services	x
Take further steps to reduce the number of unplanned admissions to hospital and acute services	x

## 12. Conclusion

- 12.1. The Partnership Funding Review Group have undertaken routine and rolling evaluation during this period on the initiatives listed in 5.4 of this report, as well as a general evaluation of Partnership Funding arrangements.
- 12.2. Most of the funded initiatives have been operational for a number of years and are beyond the stage of transformational change, and are now viewed as core services.
- 12.3. The Partnership Funding Review Group have made recommendations as described in sections 6, 7 and 8 of this report, which have been supported by the Transformational Change Group and Strategic Planning Group

## 13. Equality and Human Rights Impact

The content of this report **does not** require a EQIA

## 14. Data Protection Impact Assessment

The content of this report **does not** require a DPIA.

## 15. Appendices

Appendix 1: 3 year investment plan



## Funding Forecast 2019-2022

Source of Funding	Project Name	18/19 Allocation	Proposed 19/20 Allocation	Proposed 20/21 Allocation	Proposed 21/22 Allocation	Notes
ICF	Overnight Care - Clacks	£81,938	£84,396	£86,928	£89,536	
ICF	Overnight Care - Stirling	£78,000	£80,340	£82,750	£85,233	Recommendation to March IJB to give notice to cease funding
ICF	Enhanced Community Team	£361,826	£372,681	£383,861	£395,377	Includes £92925 for HCAs
ICF	ALFY	£98,498	£0	£0	£0	Funding ends 31/3/19
ICF	Night Nursing	£74,909	£77,156	£79,471	£81,855	
DD	Rapid Response Frailty Clinic	£150,184	£92,814	£95,598	£98,466	Reduced from 5 days to 3 days from 1 April 2019
DD	Discharge Hub	£88,880	£91,546	£94,293	£97,122	
DD	Hospital Discharge Team - Stirling	£123,073	£126,765	£130,568	£134,485	
DD	Hospital Discharge Team - Clackmannanshire	£92,456	£95,230	£98,087	£101,029	
ICF	Consolidation/ Development of Reablement Clacks	£290,074	£298,776	£307,740	£316,972	
DD	Strathendrick	£171,646	£176,795	£182,099	£187,562	
ICF	Care Home Psychiatric Liaison	£41,230	£42,467	£43,741	£45,053	
ICF	Southwest Rural Stirling Intermediate Care	£153,350	£157,951	£162,689	£167,570	
ICF	Anticipatory Care Planning	£123,196	£126,892	£130,699	£134,620	
ICF	Alcohol Related Brain Injury (ARBI) Case Management Model	£75,000	£77,250	£79,568	£81,955	
ICF	Alzheimer Scotland Post Diagnostic Link Worker & Community Connections	£55,206	£56,862	£58,568	£60,325	
ICF	Town Break Stirling - Dementia Projects Assistant	£16,000	£16,480	£16,974	£17,484	
ICF	Ideas, Innovation & Improvement Fund	£24,041	£24,762	£25,505	£26,270	
ICF	Clackmannanshire Carers Centre	£71,894	£74,051	£76,272	£78,561	
ICF	Stirling Carers Centre	£101,850	£104,906	£108,053	£111,294	
ICF	OD Advisor	£9,830	£40,500	£41,715	£42,966	Post has been vacant since May 17. Recruiting to Band 5, assuming start date of 1/1/19

ICF	Senior Information Analyst	£59,170	£60,945	£62,773	£64,657	Full year forecast from Clacks Council for 18/19
ICF	Integrated Care Fund Manager	£43,500	£44,805	£46,149	£47,534	Based on actual
ICF	Administrator 1WTE @ Band 4 / equiv for Council	£11,605	£29,673	£30,563	£31,480	Full year forecast from Clacks Council for 18/19
ICF	Programme Manager	£108,305	£116,319	£119,809	£123,403	18/19 - Sick Leave since 27/3/18, plus PM backfill 19/20 - based on assumption of return to work 1 Oct 19, plus marginal costs for backfill full year
ICF	Third Sector Engagement	£45,000	£46,350	£47,741	£49,173	
ICF	Flexible Pot	£75,000	£75,000	£75,000	£75,000	

<b>Total ICF</b>		£1,999,422	£2,008,562	£2,066,569	£2,126,317	
<b>Total DD</b>		£626,239	£583,150	£600,645	£618,664	
<b>TOTAL PF</b>		£2,625,661	£2,591,712	£2,667,214	£2,744,981	





## Clackmannanshire & Stirling Integration Joint Board

27 March 2019

This report relates to  
Item 8.1 on the agenda

# Performance Report

(Paper presented by Janice Young)

*For Noting*

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author</b>	Viv Meldrum, Carol Johnson
<b>Date:</b>	14 March 2019
<b>List of Background Papers / Appendices:</b>	
The papers that may be referred to within the report or previous papers on the same or related subjects.	
Appendix	
1. Performance Summary, key performance areas	
2. Strategic Risk Register	
3. Glossary	
4. MSG submission	

**Title/Subject:** Performance Report  
**Meeting:** Clackmannanshire & Stirling Integration Joint Board  
**Date:** 27 March 2019  
**Submitted By:** Viv Meldrum/Carol Johnson  
**Action:** For Noting

## **1. Introduction**

- 1.1 As set out in the approved Performance Management Framework, the Integration Joint Board has a responsibility to ensure effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan.
- 1.2 The approach to performance reporting and management continues to develop across the Partnership.

## **2. Executive Summary**

- 2.1 The report has been prepared in partnership. The reporting style continues to develop to support the Board to carry out its scrutiny functions.
- 2.2 The Ministerial Strategic Group for Health and Community Care (MSG) agreed six main indicators to be used as a high level assessment of the progress of Health and Social Care Integration. Current targets end in March 2019, and targets have been reviewed and extended to 2020 [Appendix 4].
- 2.3 In line with Performance Audit recommendations exceptions are contained within this report and relate to; unscheduled care, adult support and protection and social care.
- 2.4 At the March 2019 meeting the Integration Joint Board will consider a recommendation to revise the Terms of Reference of the Finance Committee to incorporate a wider role in relation to Performance, including service performance review e.g. deeper dives into performance issues in relation to a particular service. Further consideration of the reporting requirements including dedicated performance management support to the committee will be considered as part of support services arrangements.
- 2.5 Locality based performance reporting continues to be developed across a range of reporting levels, and is monitored by the Strategic Planning Group (SPG).

- 2.6 The Audit Scotland publication updating on progress of Health and Social Care Integration nationally, states that Councils NHS boards and Integration Authorities need to work together to review and improve the data and intelligence required to inform integration and demonstrate improved outcomes.
- 2.7 The development of the 2019/22 Strategic Commissioning Plan priorities will be underpinned by performance measures and linked to national outcomes. These will be reflected in this report going forward.

### **3 Recommendations**

**The Integration Joint Board is asked to:**

- 3.1 **Note the content of the performance report.**
- 3.2 **Note that appropriate management actions continue to be taken to address the issues identified through these performance reports.**

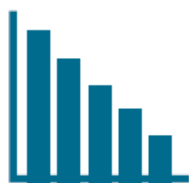
### **4 Background**

- 4.1 The purpose of this report is to ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the Integration Functions, and as set out in the current Strategic Plan 2016-2019.
- 4.2 Underpinning scorecards for the Clackmannanshire and Stirling Adult Social Care services are established and work is ongoing to provide this data down to locality level. Exceptions from these reports are considered monthly at the Partnership Management Team, and some key measures are included in this report. Other operational scorecards will develop as delegation of integrated functions progress.
- 4.3 The Partnership Management Team also considers key operational and strategic performance measures, informing the Annual Performance Report and future performance reports to this Board.
- 4.4 The content of the report is monitored and actively managed on an ongoing basis and the information also supports wider planning and delivery in areas such as locality planning, commissioning, and the review of the Strategic Plan.

### **5 Approach**

- 5.1 Appendix 1 of this report provides an 'at a glance' summary of performance [section 1], an outline of the key performance areas for consideration [section 2] and a summary of linked performance areas under the local outcomes.

- 5.2 The Strategic Risk Register was reviewed by Partnership Management Team 31 January 2019 and Audit Committee 20 February 2019. There are 13 high level risks, 4 of which have been scored high. Appendix 2 highlights the exception report areas.
- 5.3 A glossary has also been provided [Appendix 3] to give explanation and context to abbreviations and areas contained within this report.
- 5.4 Appendix 4 provides a summary of progress using data provided by Information Services Division (ISD) as at December 2018. The purpose of these indicators as stated by the Scottish Government is to provide a strategic framework for the planning and delivery of health and social care services allowing decisions to be made on the best use of resources. The Unscheduled Care Programme Board considers this data against agreed targets quarterly, and recently reviewed current performance and projections for year end. Due to demographic challenges and variable performance it was agreed that existing targets would continue for 2019/20 for all but one measure.
- 5.5 A Strategy Map has been created to ensure there is a direct link from performance to the outcomes of the current Strategic Plan 2016-2019, this is being refreshed in line with the development of the next Strategic Plan 2019-2022.
- 5.6 This report contains information on some of the data relating to Unscheduled Care. Local data for Forth Valley NHS hospital and services is described within the main body of the report, and national data for all Partnership residents is provided in appendix 4 (including other NHS hospitals as well as Forth Valley).



## 6 national indicators

- |  |  |
|--|--|
| ✓ Acute unplanned bed days   | ✓ Delayed discharge bed days                                   |
| ✓ Emergency admissions   | ✓ End of life spent at home or in the community                |
| ✓ A&E performance (including four-hour A&E waiting time and A&E attendances) | ✓ Proportion of over-75s who are living in a community setting |

## 6 Report Structure

- 6.1 Section 1 of the Performance provides an 'at glance performance summary' of the key areas of performance. Work is required in terms of developing a Balanced Scorecard to provide a broader range of measures and build upon qualitative improvement and assurance. The IJB focus is currently across the five local outcomes from the 2016-2019 Strategic with work to support a balanced approach to measurement and reporting, however this will change

to the national outcomes following the publication of the 2019-2022 Strategic Commissioning Plan.

6.2 Section 2 provides a summary of key performance information areas for consideration by the Board. The areas highlighted include:

- Emergency Department (ED) attendance and performance against the 4 hour Standard
- Delayed Discharges
- Adult Support and Protection
- Balance of Care – Care Homes
- Social Care activity

6.3 Section 3 offers additional detail with regard to the indicators described above as well as detail in respect of a number of other linked indicators relating to Unscheduled Care.

## 7 Strategic Risk Register

7.1 The Partnership holds and maintains a Strategic Risk Register. The Register outlines the key risks to achieving the Integration Joint Board's Strategic Plan, and monitors processes in place to mitigate those risks.

7.2 The strategic risk register was reviewed by the Partnership Management Team on 31 January 2019 and then reviewed by the Audit Committee on 20 February. The register was further discussed and reviewed by core management team as part of a planning day on 7th March, and it was agreed to have a further review linked to strategic commissioning plan and revenue budget after March IJB. There are currently 13 rated risk areas, 4 of which are considered high. The four areas cover the following key strategic areas:

HSCP 001	Financial Resilience	This risk relates to financial and operational stability, and commissioning. It includes the sustainable capacity across all sectors, and co-location and/or sharing of teams and assets.
HSCP 006	Experience of service users/patients/unpaid carers	This risk is about failure to engage adequately and fully with stakeholders, in particular those harder to reach groups of service users and their unpaid carers. It includes feedback and learning from complaints. Key challenges in this area are around measuring and evidencing change.
HSCP 007	Information Management & Governance	This risk relates to Information Management and Governance, and the risk of increased demand for relevant areas of provision covering Health & social Care combined. It includes the lack of resources which are fit for purpose, capacity and capability of staff, as well as records and data management processes. It also covers Information and Communication Technology systems, infrastructure, data protection and data sharing.
HSCP 008	Information Sharing Process & Practice	This relates to the risk of a lack of a structured common information provision across council social work areas and NHS, which is monitored, evaluated and managed operationally within integrated functions of the Clackmannanshire and Stirling Health and Social Care Partnership.



- 7.3 Risk reduction actions are in place for all 12 risk rated areas and progress is monitored through the Audit Committee to ensure that the risk is managed to an acceptable level. Work is now taking place to align the service risk registers to the strategic risk register to ensure monitoring and management activity at all levels.
- 7.4 Appendix 2 provides some narrative around progress on some of the high rated risks.

## 8 Conclusion

- 8.1 The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan. This report represents the process in terms of presenting a formal performance report to the Board.
- 8.2 Performance reports are used across the service areas to inform planning, priorities and management actions.

## 9 Resource Implications

- 9.1 The management of performance is critical to managing the overall budget of the Integration Joint Board. The resource requirements to ensure effective performance management and performance reporting are under review.

## 10 Impact on Strategic Plan Priorities and Outcomes

- 10.1 This report and associated recommendations, relates to the following Clackmannanshire & Stirling Health and Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate):

Fit with Local Outcomes	
Self Management	<input checked="" type="checkbox"/>
Community Focussed Supports	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Decision Making	<input checked="" type="checkbox"/>
Experience	<input checked="" type="checkbox"/>

Fit with Our Priorities ‘we will...’	
Further develop systems to enable front line staff to access and share information	<input type="checkbox"/>
Support more co-location of staff from across professions and organisations	<input checked="" type="checkbox"/>
Develop single care pathways	<input type="checkbox"/>
Further develop anticipatory and planned care services	<input checked="" type="checkbox"/>
Provide more single points of entry to services	<input checked="" type="checkbox"/>
Deliver the Stirling Care Village	<input checked="" type="checkbox"/>
Develop seven-day access to appropriate services	<input type="checkbox"/>
Take further steps to reduce the number of unplanned admissions to hospital and acute services	<input checked="" type="checkbox"/>

- 10.2 Only by managing performance can the delivery of the Integration Joint Board outcomes and priorities be truly assessed providing a sound basis from which to make decisions regarding investment and service change.

## 11 Legal & Risk Implications

- 11.1 Performance management is a legal requirement as defined in the Integration Joint Board’s Integration Scheme.

## 12 Consultation

- 12.1 Approach defined in the approved Performance Management Framework.

## 13 Equality and Human Rights Impact Assessment

- 13.1 Report not assessed. Content derived from national indicators.

## 14 Exempt reports

- 14.1 Not exempt.

## 15 Appendices

- Appendix 1 Performance Summary
- Appendix 2 Strategic Risk Register
- Appendix 3 Glossary
- Appendix 4 MSG submission

## Agenda Item 8.1 – Performance Report

### Appendix 1 – Section 1 Performance Summary Report

The Partnership focus is across the national outcomes as well as current local outcomes, with work on-going to support a balanced approach to measurement and reporting. It should be noted that work is required in terms of developing a balanced scorecard to provide a broader range of measures and build upon qualitative and quantitative data which will enable and support quality improvement and assurance.

#### Key:

Direction of travel relates to previously reported position	
▲	Improvement in period
◀▶	Position maintained
▼	Deterioration in period
—	No comparative data

The tables below highlight local data for a rolling 12 month average as at January 2019 against the average as at January 2018, and Delayed Discharges as at January 2019 census. National data is reported at December 2018 (delays are around validation and completeness). Performance data pertain to adults aged 18 and over. National data includes use of all relevant NHS services across Scotland, local data only includes those residents attending Forth Valley NHS services.

#### At a glance summary:

INDICATOR TYPE	▲	▼	◀▶	—	Data Only	TOTAL
National Core Indicators	7	0	2	1	0	10
Local Self Management Indicators	0	4	0	0	0	4
Local Community Based Support Indicators	2	3	0	0	2	7
Local Safety Indicators	5	0	0	0	2	7
Local Decision Making Indicators	2	0	0	0	0	2
Local Experience Indicators	0	5	1	0	0	6
National MSG Indicators	5	5	0	1	0	11

## Agenda Item 8.1 – Performance Report

TABLE 1 National Core Indicators 11-23								
Ref	Measure	Year	C&S	Scotland	Comparator	Baseline 15/16	Direction of travel	Note
11	Premature mortality rate for people aged under 75 (per 100,000 population)	17/18	379	425	383	425	▲	
12	Emergency admission rate for adults (per 100,000 population).	Q2 18/19	2,005	N/A	2,788	2,593 <small>Quarterly Average</small>	▲	MSG data appendix 4
13	Emergency bed day rate for adults (per 100,000 population)	Q2 18/19	20,995	N/A	24,091	29,694 <small>Quarterly Average</small>	▲	MSG data appendix 4
14	Readmission to hospital within 28 days (per 1,000 admissions)	Q2 18/19	81	N/A	99	103 <small>Quarterly Average</small>	▲	
15	Proportion of the last six months of life spent at home or community setting	Q2 18/19	89%	N/A	89%	86%	▲	
16	Falls rate per 1,000 population aged 65+	Q2 18/19	4	N/A	4.8	4.5 <small>Quarterly Average</small>	◀▶	
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	17/18	94%	85%	86%	82%	◀▶	
18	Percentage of adults with long term care needs receiving care at home	16/17	67%	61%	62%	69%	—	
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	Q2 18/19	149	N/A	219	160 <small>Quarterly Average</small>	▲	
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Q2 18/19	17%	N/A	21%	23%	▲	
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	N/A	N/A	N/A	N/A	N/A	N/A	Under development
22	Percentage of people who are discharged from hospital within 72 hours of being ready	N/A	N/A	N/A	N/A	N/A	N/A	Under development
23	Expenditure on end of life care, cost in last 6 months per death	N/A	N/A	N/A	N/A	N/A	N/A	Under development

Source: ISD

## Agenda Item 8.1 – Performance Report

The tables below highlights local data for a rolling 12 month average as at January 2019 against the January 2018 position. This also looks at a monthly breakdown of Delayed Discharges as at January 19 Census. Performance data pertains to adults aged 18 and over unless otherwise stated. Only covers those residents who attended Forth Valley NHS services.

**TABLE 2 Local Self Management Indicators 24-27**

Ref	Measure	January 2018	January 2019	Direction of travel	Exception Report	Note
24	Emergency department 4 hour wait Forth Valley	88%	82%	▼	✓	
25	Emergency department 4 hour wait Clackmannanshire & Stirling	88.9%	83.4%	▼	✓	
26	Emergency department attendances per 100,000 Forth Valley population	1,776	1,784	▼	✓	
27	Emergency department attendances per 100,000 Clackmannanshire & Stirling population	1,214	1,231	▼	✓	

Source: NHS Forth Valley

**TABLE 3 Local Community Focussed Supports 28-34**

Ref	Measure	December 2017	December 2018	Direction of travel	Exception Report	Note
28	Number of patients with an Anticipatory Care Plan in Forth Valley	15,509	16,018	▲		
29	Number of patients with an Anticipatory Care Plan in Clackmannanshire & Stirling	8,346	8,259*	▼		
30	Key Information Summary as a percentage of the Board List size for Forth Valley	Jan 2018	Jan 2019	▲		Target 1.5%
		4.9%	5.0%			
31	Key Information Summary as a percentage of the Board List size for Clackmannanshire & Stirling	Jan 2018	Jan 2019	▼		Target 1.5%
		5.80%	5.70%*			
32	Number of Social Care referrals	Jan 2018	Jan 2019	Data Only	✓	Demand
		380	420			
33	Number of Social Care assessments completed	Jan 2018	Jan 2019	▼	✓	Capacity
		573	430			
34	Number of Care Home residents aged 65+	Jan 2018	Jan 2019	Data Only	✓	Budget
		607	666			

Source: NHS Forth Valley/Social Care

\* Records are subject to annual culling to remove those no longer eligible through change in demographics or patient being deceased

## Agenda Item 8.1 – Performance Report

**TABLE 4 Local Safety Indicators 35-41**

Ref	Measure	January 2018	January 2019	Direction of travel	Exception Report	Note
35	Readmission rate within 28 days per 1,000 Forth Valley population	0.68	0.58	▲		
36	Readmission rate within 28 days per 1,000 Clackmannanshire & Stirling population	0.56	0.47	▲		
37	Readmission rate within 28 days per 1,000 Clackmannanshire & Stirling 75+ population	1.13	0.98	▲		
38	Acute emergency bed days per 1,000 Forth Valley population	784.8	766.0	▲		
39	Acute emergency bed days per 1,000 Clackmannanshire & Stirling population	Dec 2017 701.8	Dec 2018 683.8	▲		
40	Number of Adult Support Protection referrals	January 2018 74	January 2019 79	Data Only	✓	Timescales
41	Number of Adult Support Protection investigations	January 2018 16	January 2019 15	Data Only	✓	Outcomes

Source: NHS Forth Valley

**TABLE 5 Local Decision Making Indicators 42-43**

Ref	Measure	January 2018	January 2019	Direction of travel	Exception Report	Note
42	Emergency admission rate per 100,000 Forth Valley population	968	932	▲		
43	Emergency admission rate per 100,000 Clackmannanshire & Stirling population	831	799	▲		

Source: NHS Forth Valley

**TABLE 6 Local Experience Indicators 44-49**

Ref	Measure	January 2018	January 2019	Direction of travel	Exception Report	Note
44	Standard delayed discharges monthly census data	7	16	▼	✓	
45	Delayed discharges over 2 weeks	1	6	▼	✓	
46	Bed days occupied by delayed discharges	56	377	▼	✓	
47	Number of code 9 delays	5	7	▼	✓	
48	Number of code 100 delays	6	6	◀▶	✓	
49	Delays – including code 9 and Guardianship	12	23	▼	✓	

Source: NHS Forth Valley

## SECTION 2 - KEY ISSUES

### 2.1 Emergency Department ED 4 hour Standard

Issue:

- Analysis of a rolling 12 months average as at January 2019; the Clackmannanshire & Stirling (CS) IJB average position as at January 2018 shows a 7.3% decrease in compliance with the 4 hour Emergency Access Standard to 83.4% from 88.9%.
- The most significant drop in compliance of 11% occurring in those aged 75 year plus.
- The reason for delay in 81% of those aged 75+ is 'Wait for first assessment' and 'Wait for a bed'.
- MSG -Projection from Q3 18/19 data unlikely to meet year end target (appendix 4).

Action:

- The Unscheduled Care Programme Board (UCPB) continually monitor ED performance against the MSG indicators and the six essential actions prescribed by the Scottish Government. Bed usage is audited via the Day of Care Audit to ensure acute and community hospital beds are occupied appropriately and to take action where necessary to have patients relocated to a facility which best addresses their care needs.

### 2.2 Emergency Department Attendance

Issue:

- The CS position increased by 1.4%, 1,231 rate per 100,000 in January 2019 in comparison to January 2018 at 1,214 from 1,241 per 100,000 population. However, CS attendances are below the Forth Valley average by 45%.
- MSG -Projection from Q3 18/19 data unlikely to meet year end target (appendix 4).

Action:

- Unscheduled Care Programme Board continually monitors ED performance and Attendance indicators as part of the six essential actions prescribed by the Scottish Government
- Since January 2019 the North of England Commissioning Support Unit has been providing tailored support to NHS Forth Valley to improve performance within unscheduled care by adopting a whole system approach.
- Provisional Forth Valley figures on the emergency 4 hour standard indicate the average percentage compliance for February 2019 at 93.7%, has increased by 22% since the January 2019 position of 77.3%.

### 2.3 Emergency Department Admissions

Issue:

- The current national data provided by ISD from April to December 2018 (Appendix 4) continues to show a rising trend.. Analysis of locality based information is showing the largest rise in the Clackmannanshire locality.

Action:

- Discussions are ongoing around the rise in admissions within the Partnership Management and locality Management meetings.

## 2.4 Delayed Discharge

### Issue:

- In January 2019 there were a reported 16 standard Delayed Discharges pertaining to CS residents in a Forth Valley Hospital. Accounting for 27.6% (n=16/58) of the overall delays in Forth Valley.
- Occupied bed days (OBDS) attributed to delays to CS residents is 377 out 1486 Forth Valley OBDS overall 25.4%.

### Action:

- Identification of patients discharge requirements within 72 hours of admission
- Daily Dynamic Discharge taking a proactive multi-disciplinary approach to facilitate early discharge planning
- Regular multi-disciplinary meetings
- Support relatives and carers when arranging discharge planning
- Targeted, time limited person centred support to enable long term independence

## 2.5 Balance of Care

### Issue:

- The Partnership's level of registered care homes beds is on a par with other similar sized partnerships for 2017. However the number of residents in Care Homes on 31<sup>st</sup> March census date was slightly more, and the proportion funded by local authorities was higher than the national average and many similar sized Partnerships. The Partnership had less older people than comparators in care homes in 2017, however those younger than 65 was higher and relate more to adults with mental health problems and adults with learning disabilities.

### Action:

- The Partnership has undertaken social care reviews within Learning Disability and Mental Health Teams however the impact of this will not be seen in current data. The high level of nursing placements evidence the appropriate level of 24 hour required for some clients.. More people continue to be returned home from hospital with large packages of care rather than discharge to care home. Discussions ongoing at a strategic level around appropriateness of budget setting given predicted rise in older people with more complex health conditions.

## 2.6 Unscheduled Care Resources

### Issue:

- Disparity in the use of Forth Valley NHS resources by the two Health and Social Care Partnerships, especially around the use of the community hospitals in relation to Delayed Discharges, and the impact of this on the NHS beds within the Bellfield Centre.

### Action:

- Further analysis required to measure use of Falkirk patients within Bellfield (Stirling) and CCHC (Alloa) localities.

## 2.7 Demand and Activity within Social Care

### Issue:

- Initial analysis of demand and activity within Social Care looking at referral and completed assessments highlighted a backlog of overdue reviews within Social Care. Vacancy management and absence is impacting on operational capacity. This impacts service budgets and assurance that care is appropriately reviewed and focused on service user outcomes.'

### Action:

- Work is ongoing to undertake outstanding reviews across all localities. Further work being done to gather data on the whole picture around demand activity and waiting times from referral to assessment across the Partnership. This is monitored at the Partnership Management Team, and is also a focus within Social Care Service Management meetings and the Partnership Budget meetings.



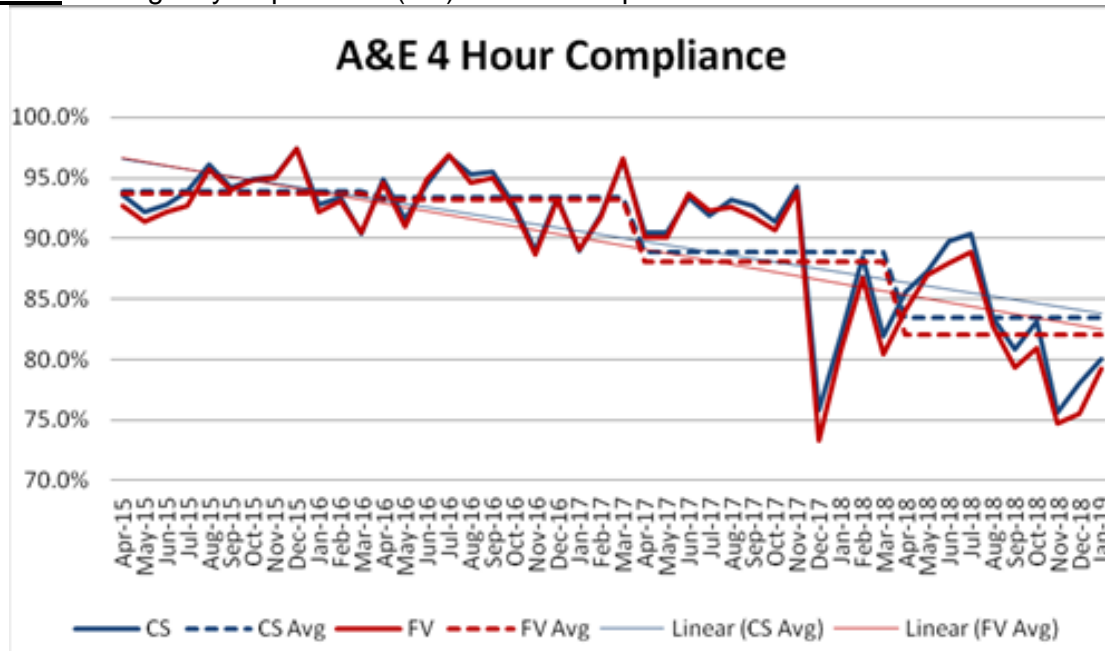
## Section 3: Exception Reporting

### Local Outcome – Self Management

- Individuals, Carers and families are enabled to manage their own health, care and wellbeing

<b>Measure</b>	C&S Unscheduled Care – Emergency Department Performance against the ED 4 Hour Target (includes Minor Injuries Unit). This is a 95% target.
<b>C&amp;S Partnership Performance</b>	Monthly average over rolling 12 months January 19 = 83.4%
<b>Forth Valley Performance</b>	Monthly average over rolling 12 months January 19 = 82%

**Chart 1:** Emergency Department (ED) 4 Hour Compliance



### Commentary

95% of all A&E patients should be admitted, discharged or transferred within four hours of arrival at an A&E department across NHS Scotland (including Minor Injury Units). This standard is seen as a milestone towards returning to the 98% standard. This is necessary to ensure that all patients receive the most appropriate treatment, intervention, support and services at the right time, in the right place by the right person. SG

This indicator relates to residents of the Partnership who make new or unplanned return attendances to the Emergency Department (ED) at Forth Valley Royal Hospital in Larbert or the Minor Injuries Unit in Stirling. The waiting time is calculated as the time of arrival until the time of leaving the Emergency Department via either admission transfer or discharge. The national standard is within four hours. Although the standard is measured at in Emergency Departments health boards are required to ensure best practice is installed throughout the whole system including health and social care to support each other in a collaborative approach in tackling issues such as patient flow through hospital and anticipatory care planning to deliver safe, timely services across the patient journey.

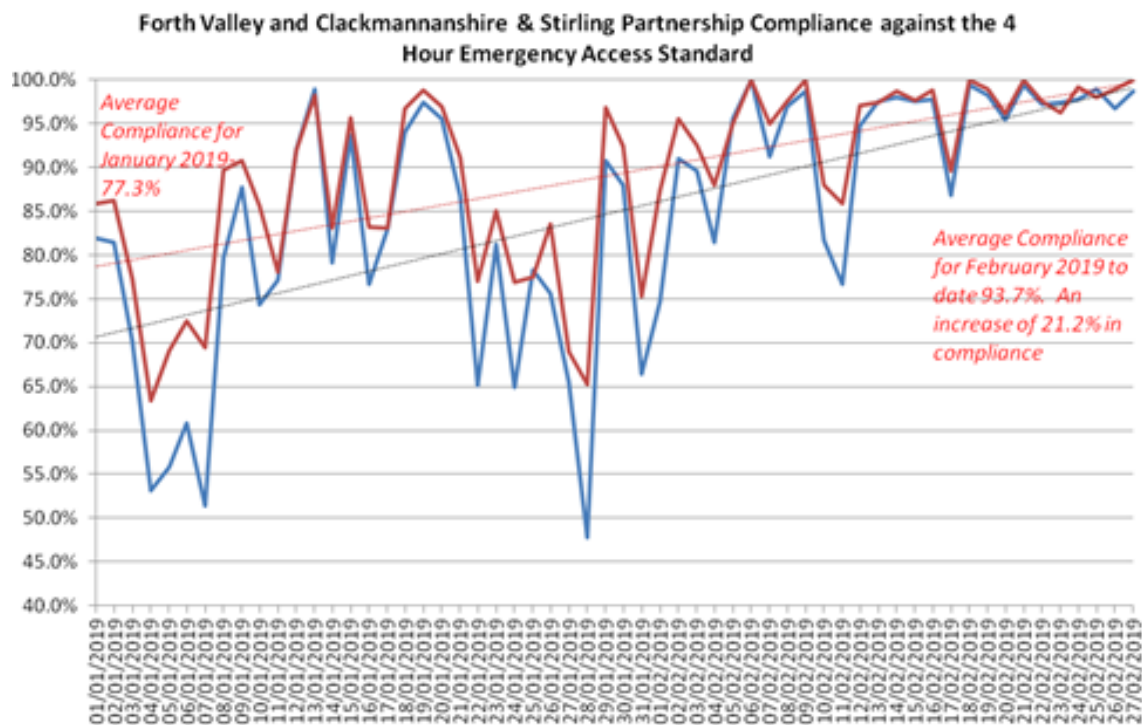
As described in chart 1 above, performance against the 4 hour ED target throughout Forth Valley has declined since rolling 12 month position as at January 2018 by 7.3%. Analysis shows compliance is lowest in those aged 75 years plus age range at 75%. This is down 11% from 85.9% in January 2018.

Approx 81% of delays are attributed to 'Wait for First Assessment' and 'Wait for a Bed' which is most prevalent in all age ranges including those aged over 75 years where the most extensive reason for delay historically has been 'Wait for a bed'.

Since January 2019 the North of England Commissioning Support Unit has been providing tailored support to NHS Forth Valley to improve performance within the unscheduled care adopting a whole system approach.

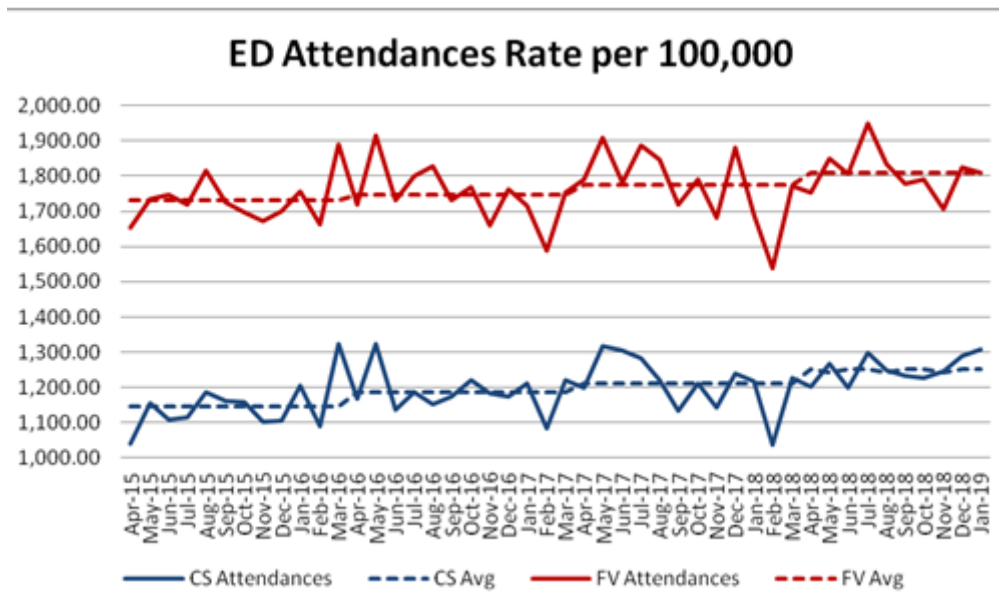
Provisional Forth Valley figures on the emergency 4 hour standard indicate the average percentage compliance for February 2019 at 93.7%, has increased by 22% since the January 2019 position of 77.3% as shown in Chart 2.

**Chart 2 : Provisional Emergency Department Compliance 2019**



<b>Measure</b>	C&S Unscheduled Care – Emergency Department Attendance Rate per 100,000 population
<b>C&amp;S Partnership Performance</b>	Monthly average over rolling 12 months January 19 = 1,231 per 100,000 population
<b>Forth Valley Performance</b>	Monthly average over rolling 12 months January 19 = 1,784 per 100,000 population

**Chart 3:** Emergency Department Attendance Rate



### Commentary

It is the responsibility of the IJB to take action against increasing numbers of attendances in ED. Through developing Health and Social Care initiatives the aim is to meet the Scottish Government's 2020 vision to deliver the highest standard of care which is preventative, anticipatory and promoting self management. Through signposting to more appropriate services it may no longer be necessary for patients to present directly to ED, the anticipated benefit being to reduce how long patients are waiting to be seen and facilitate more efficient hospital flow to improving the overall patient experience.

The average monthly Emergency Department attendance rate in Forth Valley has increased from 1776 in January 2018 to 1784 per 100,000 population January 2019. This is highlighted as a 0.5% increase.

The CS position increased by 1.4%, 1231 rate per 100,000, in January 2019 in comparison to January 2018 at 1214 from 1,241 per 100,000 population. However, CS attendances are below the Forth Valley average by 45%.

### Action:

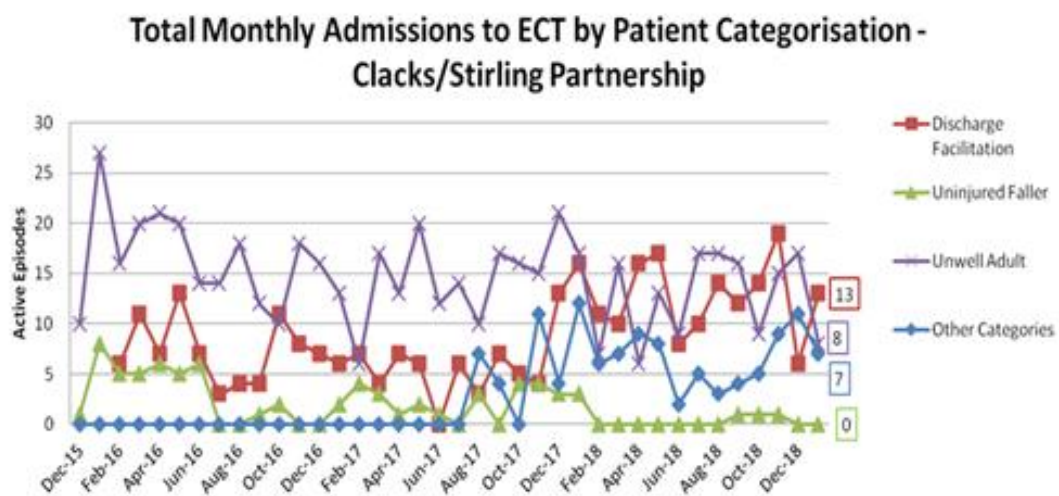
The challenge for the Partnership is to play its part in ensuring that more residents receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital.

The Enhanced Community Team will deliver dedicated additional capacity to avoid hospital attendance and / or admission. The team comprising nursing and AHPs will deliver a seven

day service closer to home will have the flexibility to work across and between partnerships. This will ensure the additional resource is lean yet has the capacity to respond to demand in a timely manner addressing needs, de-escalating crisis and preventing further deterioration.

The Closer to Home: Enhanced Community Team model sits as part of a broader portfolio of community development plans, for both health and social care, that provides support to individuals to remain more resilient at home at a time of escalating need or 'crisis', 24 hours a day, 7 days a week. The chart below shows the number of admissions (referrals to the ECT) Clackmannanshire and Stirling Partnership from December 2015 to December 2018. The following has been extracted from the Monthly MIDIS report for January 2019.

**Chart 4 Service admissions (referrals) and discharges**



As at the end of December 2018, 46% of patients admitted to the Service were categorised as facilitated discharges with 28% described as unwell adults and 25% categorised as other. There were no documented uninjured fallers.

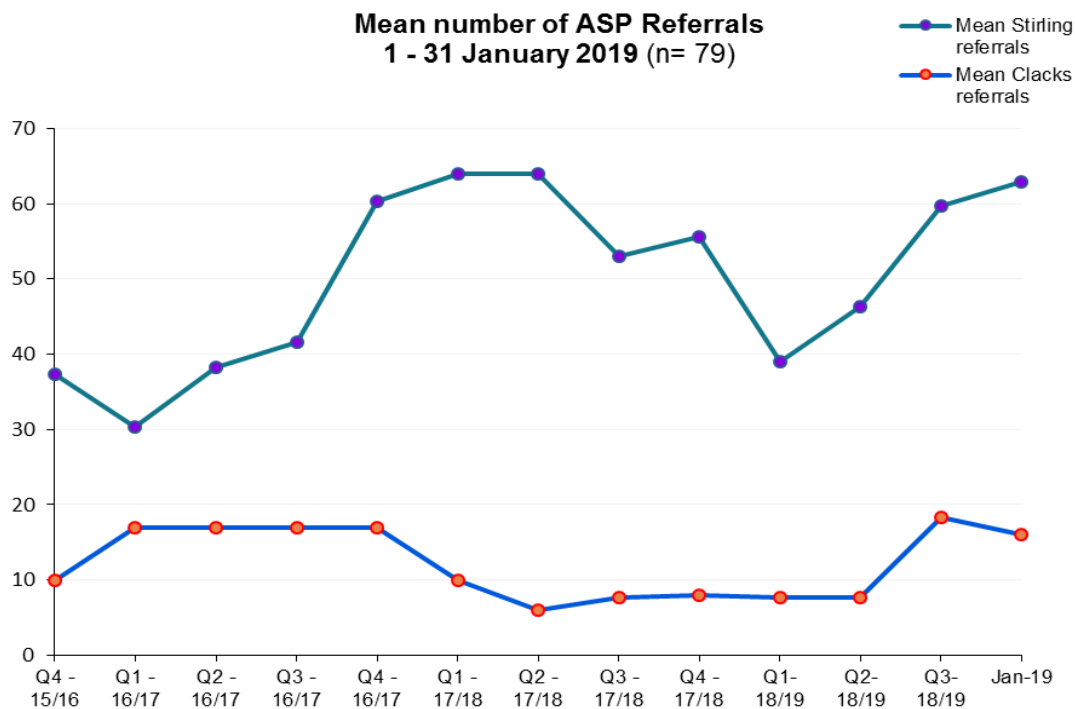
Service improvement measures continue to be developed optimising resources to provide a more seamless experience for the patient journey.

**Local Outcome - Safety**

- Health & Social Care support systems are in place, to help keep people safe and live well for longer

Measure	Adult Support and Protection Referrals and Investigations			
<b>C&amp;S Partnership Performance</b>			Clackmannanshire	Stirling
		Number of referrals (%)	16	63
		Per 1000 based on population ≥16*	0.38	0.80

**Chart 5** Adult Support and Protection Referrals



Mean number of ASP referrals per quarter for the past 3 years, plus all ASP referrals received over the past month

**Commentary**

There were seventy nine ASP referrals across the Partnership in January, down 9% on the previous month, up 7% on the same month the previous year. Individually, Clackmannanshire referrals doubled compared with the previous year (8 to 16) and in Stirling they reduced by 5% (66 to 63).

**Outcome of referrals**

Table 1	Clackmannanshire	Stirling
Does not meet 3 point criteria	2	8
Further non-AP action	2	22
Proceed to Investigation	4	11
NFA	4	15
Ongoing	2	0
not known/not recorded	2	7
<b>Total</b>	<b>16</b>	<b>63</b>

### ASP Investigations

Table 2

	Clackmannanshire	Stirling
Number of Investigations	4	11
Per 1000 based on population ≥16*	0.09	0.14

Across the Partnership the proportion of ASP referrals that led to investigation (19%) was similar to the previous month (18%). In Clackmannanshire the proportion of the referrals leading to investigation increased from 19% to 25% compared with December. In Stirling they remained at 18%.

### Investigation Type

Table 3

	Clackmannanshire	Stirling
Social work only	3	10
Joint Police/Social Work		
Police Only		1
Joint Social Work/ Health	1	
Joint Social Work/Care Inspectorate		
Total	4	11

### Action

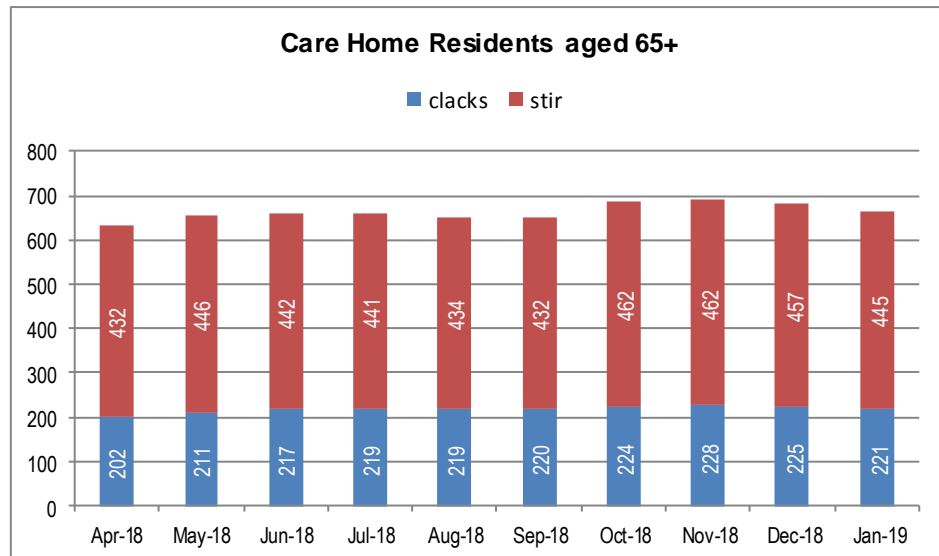
The performance of operational Social Care is monitored closely in regard to timeliness of response and outcome. This performance is overseen within the Adult Support and Protection Committee, and social Care operational management scorecards and meetings. When performance is below expectations, these are reported as exceptions to the Partnership Management Team.

**Local Outcome – Community Based Support**

- Informal supports are in place, which enable people, where possible, to live well for longer at home or in homely settings within their community

Measure	Care in the Community
<b>C&amp;S Partnership Performance</b>	Number of residents in care homes aged 65+

**Chart 6:**



Source: Social Care

**Commentary**

The Number of Care Home residents aged (65+) since April 2018 has risen. The proportion of placements that are nursing home residents is higher in the Clackmannanshire locality. Nursing home fees are higher than residential homes, reflecting the high level of 24 hour health and personal care required for residents which cannot be provided within the community. Proportionally the Partnership, and in particular the Clackmannanshire locality, are funded by the local authority far higher than the national average and many of our comparators. Both areas continue to have more residents than budgeted for. When compared to national and comparative partnerships – the number of residents in care homes is far below the Scottish average, and lower than comparators for older people.

Chart 7

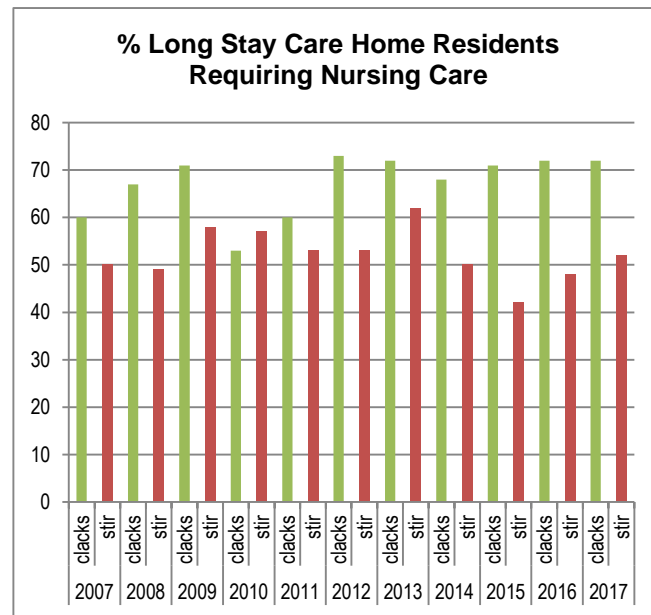


Chart 8

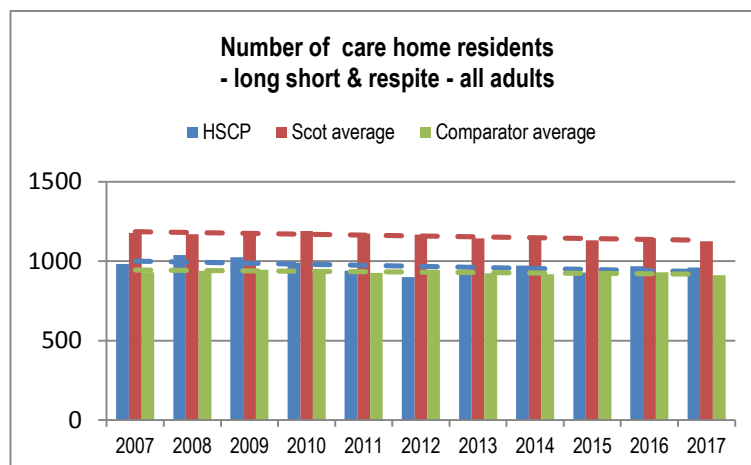
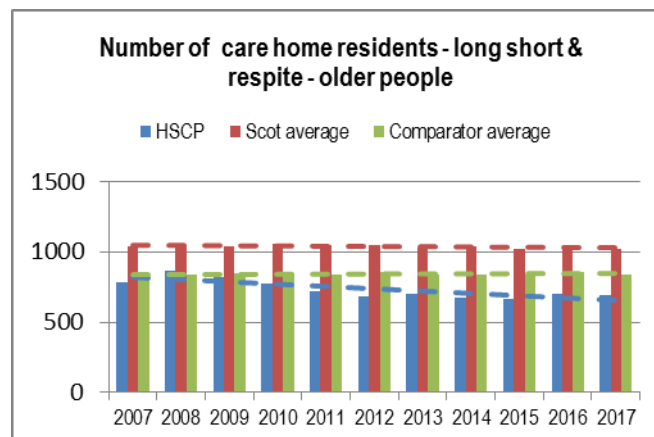


Chart 9



**Action:**

The high level of nursing placements evidence the appropriate level of 24 hour required. More people continue to be returned home from hospital with large packages of care rather than discharge to care home. Discussions ongoing at a strategic level around appropriateness of budget setting given predicted rise in older people with more complex health conditions.



**Local Outcome –Experience**

- People have a fair and positive experience of health and social care

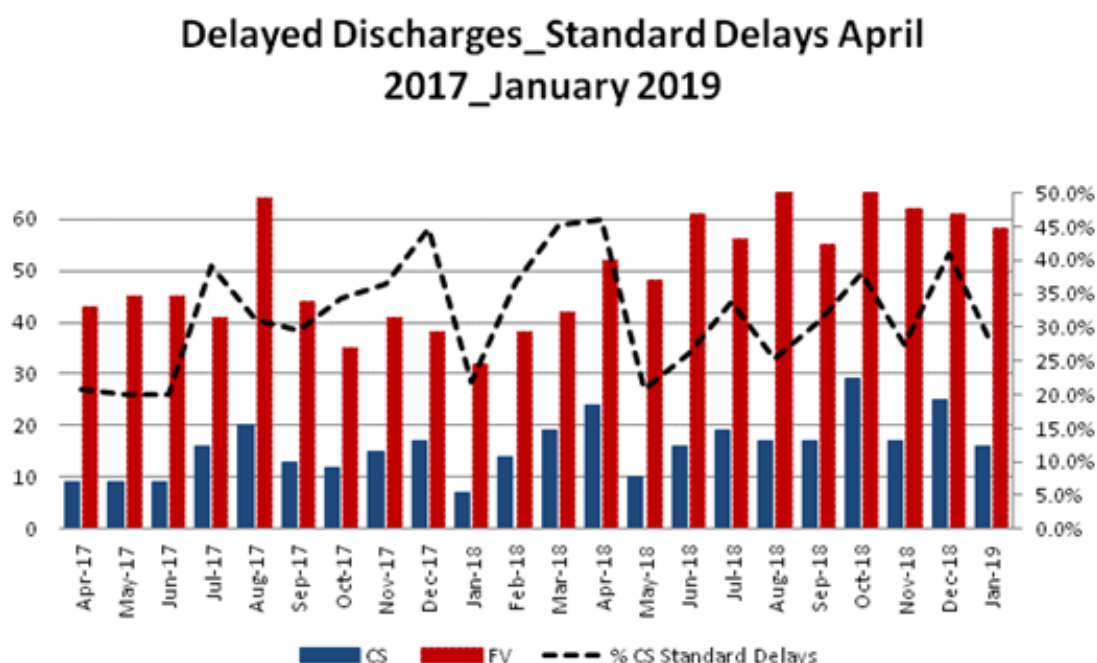
<b>Measure</b>	Unscheduled Care – Delayed Discharges <ul style="list-style-type: none"> <li>• Standard Delayed Discharges</li> <li>• Bed days lost attributed to delayed discharge</li> <li>• Code 9 and Code 100 delays</li> </ul>
<b>C&amp;S Partnership Performance</b>	Monthly Number January 2019 = 16
<b>Forth Valley Performance</b>	Monthly Number January 2019 = 58

**Commentary**

As of January 2019 census date, the following delays were recorded:

- 16 people delayed in their discharge (standard delays)
- 6 people who were delayed for more than 2 weeks (standard delays)
- 2 people identified as a complex discharge (code 9)
- 8 people proceeding through the guardianship process.
- 5 people identified as a Code 100 delay.

**Chart 10:** Delayed Discharges – Standard Delays



In January 2019 the number of standard delays for Forth Valley is 58. Clackmannanshire and Stirling accounts for 16 or 27.6% of all standard delays. The January 19 position for C&S Partnership figure is down from static from December 2018 by 53% (6/13). 37% (6/16) C&S delays are waiting to over 2 weeks at the January 2019 census point. These C&S patients account for 15% (6/38) of Forth Valley

waits over 2 weeks.

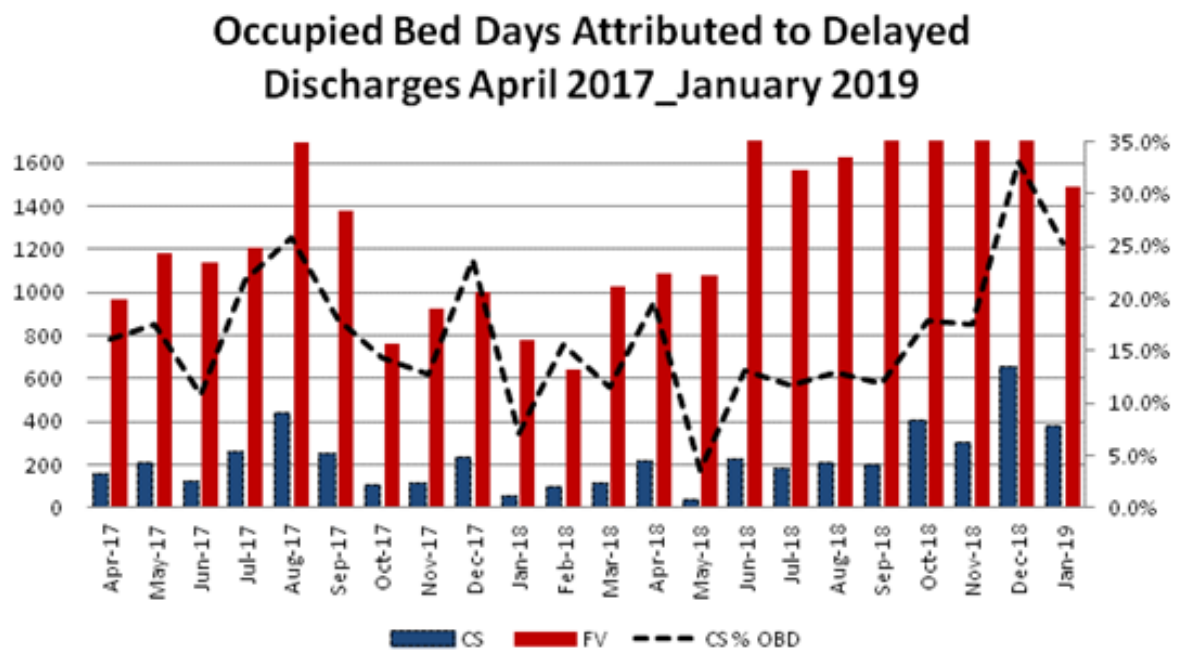
According to the monthly census report as at January 2019 states the 3 patients who were waiting over 3 are Clackmannanshire residents. The reason for delay are as follows:

- 3 x awaiting care home placement
- 1 x awaiting package of care.

Table 5 below shows the total number of standard delays January 2018 to January 2019

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sept-18	Oct-18	Nov-18	Dec-18	Jan-18
Total delays at census point	7	14	19	24	10	16	19	17	17	29	17	25	16
Total number 2 weeks	1	3	3	1	0	6	4	6	4	10	5	13	6

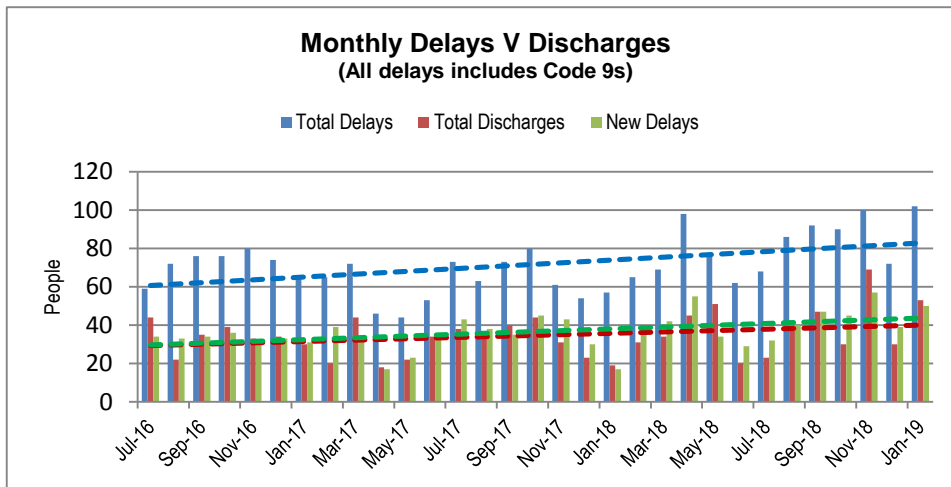
**Chart 11:** Occupied Bed Days Attributed to Delayed Discharges



Across Forth Valley there has been an increase in the number of occupied bed days attributed to delayed discharges with the number at the January 19 census 1486 compared with 782 in January 2018.

The C&S Partnership position at the January 2019 census was 377 occupied bed days attributed to delayed discharges, opposed to 56 in January 2018. 25% (377/1486) of the occupied bed days within Forth Valley are attributed to delayed discharges in the Clackmannanshire and Stirling Partnership.

**Chart 12** Monthly Activity

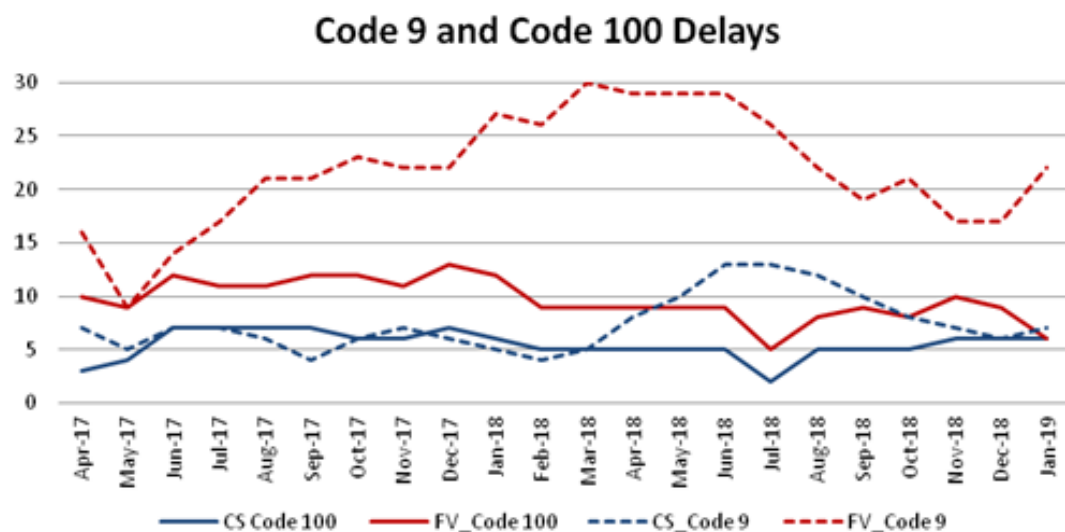


**Action:**

The overall Partnership data shows that total delays are rising because the number of new patients is higher than the number of discharges. This data is discussed in detail within the Partnership Management Team, and Operational Management meetings.

Work is also undertaken through the Discharge Improvement Plan monitored by the Delayed Discharge Steering Group aims which aims to reduce the number of new admissions (new delays) and speed up the number leaving hospital (discharges) through a range of interventions and tests of change.

**Chart 13:** Code 9 and Code 100 Delays



**Chart 14** Discharge Destinations

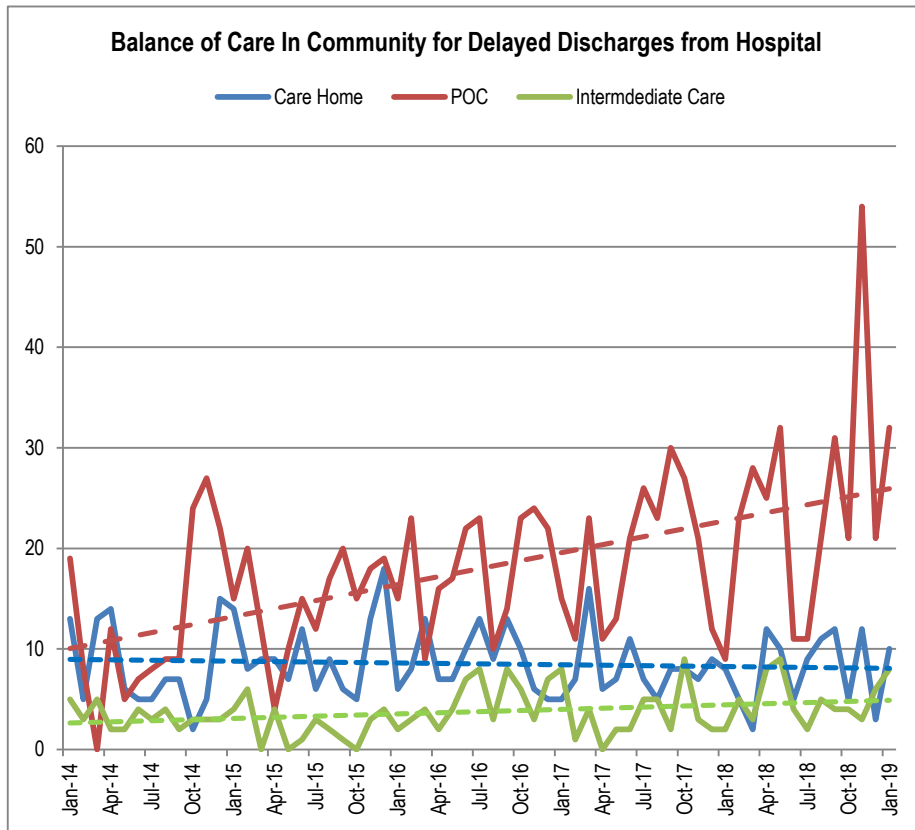
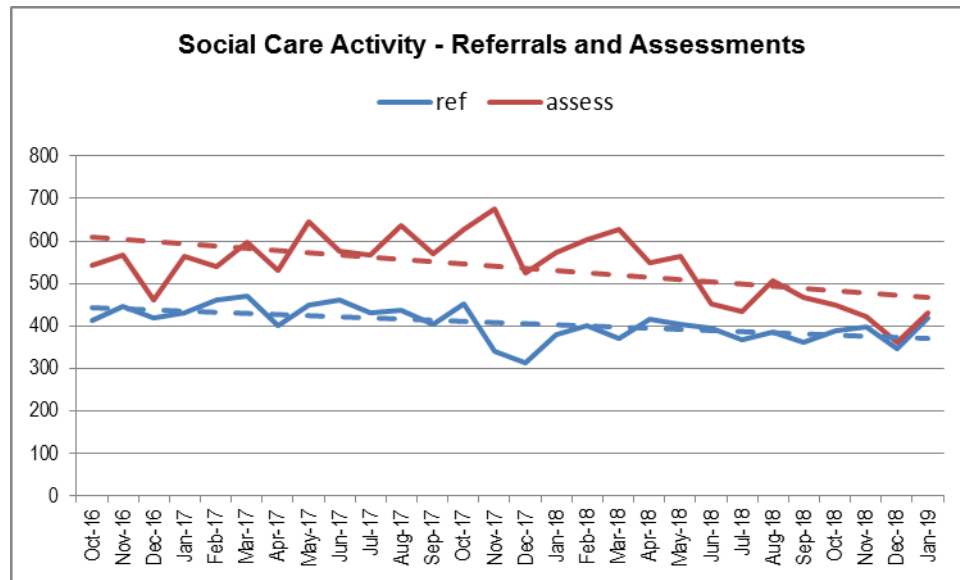


Chart 14 above shows long term trends around those Delayed Discharge patients who leave hospital, and the increasing use of those patients returning home with packages of care. The impact of the opening of the Bellfield Centre in late November will be monitored over the coming months.

Social Care	Activity – Referrals and Assessments
<b>C&amp;S Partnership Performance</b>	Number of Social Care referrals 420 at January 2019 Number of Social Care assessments 430 at January 2019

**Chart 15:** Social Care Activity



**Commentary**

Assessments completed have dropped over winter, but saw a rise in January 2019. This data relates only to completed assessments and gives no insight into how many of these assessments were completed within timescale or indeed how many are still outstanding. Work is ongoing at present to look at waiting time patterns from referral to assessment, and the level of overdue assessments.

**Action:**

Social Care in both local authorities are prioritising review activity which is having a positive impact on budget recovery, however the high level of new service demand means that any impact is mitigated. Demand and capacity is discussed within the Budget Recovery group and in the monthly management meetings. Service redesign across the Partnership will look at ensuring a better fit between demand and resources. Vacancy management and absence impacts on the capacity of the service to undertake assessments and other core areas of work. Operational management meetings monitor and ensure that absence management is maximised.

## Agenda Item 8.1 – Performance Report

### C&S HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER EXTRACT 13 February 2019

### Appendix 2

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes
HSCP 001	<b>Financial Resilience</b> (This risk relates to financial and operational stability, and commissioning. It includes the sustainable capacity across all sectors, and co-location and/or sharing of teams and assets).	<b>1.</b> National Core Outcome 'Resources are Used Effectively & Efficiently' <b>2.</b> Local Outcome 'Decision Making'	Current (4)  Target (3)	Current (5)  Target (4)	Current (20) <b>High</b>  Target (12) <b>Medium</b>	<b>1.</b> Establish efficiency and redesign monitoring arrangements including development and updating of pan-partnership savings tracker. <b>2.</b> Review and continual assessment of deliverability of efficiency and redesign programmes and alignment to Strategic Plan. <b>3.</b> Develop medium term financial strategy to complement and support delivery planning to implement Strategic Plan. <b>4.</b> Develop and implement process for agreement and payment of contract rates including uplifts. <b>5.</b> Identify and mitigate as far a possible the financial risk associated legislative changes including the Carers Act and Free Personal Care for <65s <b>6.</b> Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services based on self assessment presented to June 18 IJB. . <b>7.</b> Review of financial regulations and reserves policy and strategy as part of prudent financial planning and management arrangements. <b>8.</b> Review and agree relationship with Alcohol and Drugs partnership including financial plan and impact on	Chief Finance Officer / Chief Officer	There is a need to further at the implications of the stepped delegation of operational responsibilities to Chief Officer in 18/19 based on updates to IJB in June 18. Key financial risks updated annually as part of budget setting cycle.

### Agenda Item 8.1 – Performance Report

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes
						<p>outcomes.</p> <p><b>9.</b> Further consider evaluation of impact and outcomes from investment of Partnership Funding Streams linked to Prioritisation Frameworks Work with Caledonian University.</p> <p><b>10.</b> Horizon Scanning arrangements across the Partnerships e.g. through monthly finance officers meetings to highlight potential emerging risks and/or changes in policy or legislation with financial implications e.g. Pay Awards, Free Personal Care for &lt; 65's</p> <p><b>11.</b> Financial Reporting to Integration Joint Board, Strategic Planning Group and Partnership Management Team including development, where possible, of locality level reporting.</p> <p><b>12.</b> Ongoing monitoring of demand trends and relationship between investment and key performance indicators including Delays to Discharge</p> <p><b>13.</b> Development of Role and Function of Finance Committee to include Performance</p>		
<b>HSC 006</b>	<b>Experience of service users/patients/unpaid carers</b> (This risk is about failure to engage adequately and fully with stakeholders, in particular those harder to reach groups of service users and their	<p><b>1.</b> National Core Outcome 'Carers are supported', and 'Positive Experiences' and Local Outcome 'Experience'</p> <p><b>2.</b> Local Outcome 'Community Focused Supports'</p>	<p>Current (4)</p> <p>Target (2)</p>	<p>Current (4)</p> <p>Target (3)</p>	<p>Current (16) <b>High</b></p> <p>Target (6) <b>Low</b></p>	<p><b>1.</b> Implement Participation and Engagement Strategy.</p> <p><b>2.</b> Planning for implementation of Carers Act.</p> <p><b>3.</b> Collegiate working across Forth Valley in relation to Ministerial Steering Group (MSG) indicators.</p> <p><b>4.</b> Strategic Commissioning Plan and Budget Consultation process</p>	Chief Officer	An Equality Outcomes and Mainstreaming Report has been considered by the Integration Joint Board in April 2016 and published. This will be refreshed

### Agenda Item 8.1 – Performance Report

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes
	unpaid carers. It includes feedback and learning from complaints. Key challenges in this area are around measuring and evidencing change).	3. HSCP priority 'Further develop anticipatory and planned care services', 'Develop 7 day access to appropriate services', and 'Take further steps to reduce the number of unplanned admissions to hospital and acute services'						during 2019/20. Equality and Human Rights Impact Assessment will be completed where required. The IJB report template includes sections on Consultation and Equalities Assessment, which ensures that the Board are aware of the extent of consultation undertaken when decisions are being taken.
<b>HSC 007</b>	<b>Information Management and Governance</b> (This risk relates to Information Management and Governance, and the risk of increased demand for relevant areas of provision covering Health & social Care combined. It includes the lack of resources which are fit for purpose, capacity and capability of staff, as well as records and data	1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making' HSCP priority 'Provide more single points of entry to services', 3. 'Develop 7 day access to appropriate services', 4. 'Further develop systems to enable front line staff to	Current (4)  Target (3)	Current (4)  Target (4)	Current (16) <b>High</b>  Target (12) <b>Medium</b>	1. Refresh data sharing governance arrangements. 2. Consideration of development of information sharing portal. 3. Further Development of Cross ICT system working capabilities across constituent authorities. 4. GDPR arrangements. 5. Learning points from experience of ICT arrangements for Bellfield centre.	Chair of Data Sharing Partnership	This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.



## Agenda Item 8.1 – Performance Report

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes
	management processes. It also covers Information and Communication Technology systems, infrastructure, data protection and data sharing).	access and share information', and 'Support more co-location of staff from across professions and organisations.'						
<b>HSC 008</b>	<b>Information sharing process and practice</b> (This relates to the risk of a lack of a structured common information provision across council social work areas and NHS, which is monitored, evaluated and managed operationally within integrated functions of the Clackmannanshire and Stirling Health and Social Care Partnership).	<b>1.</b> National Core Outcome 'Resources are Used Effectively & Efficiently' <b>2.</b> Local Outcome 'Decision Making' <b>3.</b> HSCP priority 'Further develop systems to enable front line staff to access and share information'	Current (4)  Target (3)	Current (4)  Target (4)	Current (16) <b>High</b>  Target (12) <b>Medium</b>	<b>1.</b> Building sufficient capacity and capabilities to carry out analytical functions for partnership in the long term including use of LIST Analysts <b>2.</b> Appropriate Information Sharing Agreements are in place and reviewed timeously. <b>3.</b> Develop use of SOURCE system to inform planning and benchmarking.	Chair of Data Sharing Partnership	This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.

### Explanation of Scoring:

Likelihood and Impact are Scored on a 1-5 Rating. The scores are then multiplied to give an overall risk score. Risk scores over 15 are rated High/Red. Risk Scores from 9 to 15 are rated Medium / Amber and risk scores up to 8 are rated Low/ Green.

## Glossary

- **Accident & Emergency (A&E) Services** - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.
- **Admission** - Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.
- **Admission rate** - the number of admissions attributed to a group or region divided by the number of people in that group (the population).
- **Anticipatory Care Plan (ACP)** - The measure is the number of patients who have a Key Information Summary or Electronic Palliative Care Summary uploaded to the Emergency Care Summary. The Emergency Care Summary provides up to date information about allergies and GP prescribed medications for authorised healthcare professionals at NHS24, Out of Hours services and accident and emergency.
- **Attendance** - The presence of a patient in an A&E service seeking medical attention.
- **Attendance rate** - The number of attendances attributed to a group or region divided by the number of residents in that group (the population).
- **Circa** - means about or approximately.
- **COPD** - Chronic obstructive pulmonary disease is a common lung disease. . There are two main forms of COPD: Chronic bronchitis, which involves a long-term cough with mucus. Emphysema, which involves damage to the lungs over time.
- **Delayed Discharge** - A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons. Delays can occur for a variety of reasons, but are usually due to a lack of appropriate care or services available within the community. For example, there may not be a place available in a local care home, or a person's house may need altered to help them get around. The date on which the patient is clinically ready to move on to the next stage of care is the ready-for-discharge date which is determined by the consultant/GP responsible for the inpatient care in consultation with all agencies involved in planning the patient's discharge, both NHS and non-NHS (Multi-Disciplinary Team). Thus the patient is ready-for-discharge, but the discharge is delayed due to: Social care reasons, Healthcare reasons, Patient/Carer/Family-related reasons. A **Code 9** delay and its various secondary codes, are used by partnerships that are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital; The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate i.e. no other suitable facility available. Patients for whom an interim move is not possible or reasonable. The patient lacks capacity, is going through a Guardianship process. However some patients destined to undergo a change in

#### Agenda Item 8.1 – Performance Report

care setting should not be classified as delayed discharges and can be categorised as **Code 100**. Such as; long-term hospital in-patients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. Patients awaiting a 'reprovisioning' programme where there is a formal (funded) agreement between the relevant health and/or social work agencies. Information on patients recorded as code 100 is not published but details are made available to the Scottish Government.

- **Emergency Department (ED)** – The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care. **4 hour wait standard** - since 2007 the national standard for ED waiting times is that new and unplanned return attendances at an ED service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. **Frequent attenders** - Have been defined as patients who attend a health care facility repeatedly. The frequency of attendance has been variously defined between 3 and 12 attendances per annum.
- **MECS** – Mobile Emergency Care Service.
- **MSG** - Ministerial Strategic Group for Health and Community Care agreed an initial framework for measuring progress against national priorities January 2017. Following a national review of the initial MSG framework, the extent of the data to be reported on was refined and Guidance was issued to Partnerships asking for a new submission to be sent by 31st January 2018. In response to this request a draft (second) submission was made and subsequently amended (slightly) and approved by the FV Unscheduled Care Programme Board in February 2018. 2019/20 targets are now due for submission.
- **RAG** – Is a quick visual way of identifying areas of concern or progress that is good, not so good, or poor. It refers to the use of colours RED AMBER GREEN.
- **Readmission** - This indicator measures the percentage of admissions of people who returned to hospital as an emergency within 30 days of the last time they left hospital after a stay. This indicator aims to measure the success of the NHS and the Partnership in helping people to recover effectively from illnesses or injuries. If a person does not recover well, it is more likely that they will require hospital treatment again within the 30 days following their previous admission. Thus, readmissions are widely used as an indicator of the success of health and social care.
- **SAS** – Scottish Ambulance Service.
- **Scottish Index of Multiple Deprivation** - The area based measurement of multiple deprivation ranking areas based on 38 indicators spanning 7 dimensions of deprivation; employment, income, health, education, housing, geographic access to services and crime.

#### **Agenda Item 8.1 – Performance Report**

- **Unscheduled Care** - is “NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It relates to aim of reducing the number of patients and the amount of time they spend in hospital where it is not planned e.g. operation. Shorter lengths of stay results in better outcomes for patients, reduced risk of healthcare acquired infections, and improved patient flow through hospital systems.
- **Variance Range** - Variance is a measurement of the spread between numbers in a data set. The range is the difference between the high and low values. Tolerance limits define the range of data that fall within a specified percentage with a specified level of confidence.

## Appendix 4 – MSG Submission for adults 18

21



## **Clackmannanshire & Stirling Integration Joint Board**

27 March 2019

This report relates to  
Item 9.1 on the agenda

# **Draft Strategic Commissioning Plan 2019 - 2022**

**(Paper presented by Janice Young)**

***For Approval***

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author</b>	Janice Young, Interim Programme Manager, HSCP
<b>Date</b>	27 March 2019
<b>List of Background Papers/List of Appendices</b>	
Appendix 1 – Draft Strategic Commissioning Plan	
Appendix 2 – Strategic Needs Assessment	
Appendix 3 – Workforce Plan	

**Title/Subject:** Draft Strategic Commissioning Plan 2019-2022  
**Meeting:** Clackmannanshire & Stirling Integration Joint Board  
**Date:** 27 March 2019  
**Submitted By:** Janice Young, Interim Programme Manager  
**Action:** For Approval

## **1. Introduction**

- 1.1. It is established in the Public Bodies (Joint Working) (Scotland) Act 2014 that Health and Social Care Partnerships must prepare and publish a Strategic Commissioning Plan which outlines their priorities for delivery of integrated services.
- 1.2. The Integration Joint Board requires to consider and approve a Strategic Commissioning Plan for 2019-2022 (Appendix 1). This will build on the current Strategic Plan as its foundation.
- 1.3. While the core vision and outcomes for the Partnership, the case for change, the locality boundaries and some of the priorities remain the same the refresh of the Strategic Needs Assessment and the progress of delivery of the Transforming Care programme does mean that the Partnership is in a position to refocus activity for the next three years aligned to a medium term financial plan.
- 1.4. The draft Strategic Needs Assessment (Appendix 2) was considered by the Board at the meeting in September 2018 and helps to guide the areas of priority. This paper provides the Integration Joint Board with the proposed key priority areas and information on the plans for engagement and consultation with service users/patients; unpaid carers; workforce; communities; and, key stakeholders.
- 1.5. The role of Housing services in both local authority constituent partners is viewed as increasingly important to whole systems approaches to supporting people to live well in their communities.
- 1.6. The Health and Social Care Partnership requires to meaningfully support the development, retention and succession planning of its workforce. Appendix 3 provides the Partnership's first stage review of its Workforce Plan, which will be further refined in collaboration with Organisation Development colleagues.

## **2. Purpose & Summary**

- 2.1. It is the purpose of this report to present the Integration Joint Board with the final draft of the Strategic Commissioning Plan for 2019- 2022 following a public consultation and engagement exercise which took place from December 2018 to March 2019.

- 2.2. This paper provides information on the key delivery priorities agreed following the public consultation and the feedback received.
- 2.3. The Strategic Plan 2016-19 set out the delivery priorities which the 2019 – 2022 Strategic Commissioning Plan will further develop aligned to medium term financial planning and service delivery plans and enacted through an enhanced approach to Directions. An Easy Read version will be published alongside the Strategic Commissioning Plan 2019-2022 with professional layout and design by the Clackmannanshire Council Communications Team.

### **3. Recommendations**

The Integration Joint Board is asked to:

- 3.1. Approve the draft Strategic Commissioning Plan 2019-2022 (Appendix 1), supporting its publication by 1 April 2019.
- 3.2. Approve the Strategic Needs Assessment (Appendix 2)
- 3.3. Approve the Workforce Plan (Appendix 3).
- 3.4. Note the outcomes of the public consultation and engagement exercises carried out between December 2018 and March 2019.

### **4. Resource Implications**

- 4.1. The Strategic Commissioning Plan (SCP) sets out the core delivery priorities of the Partnership for the next 3 years. The resource implications for this will be expressed within the Medium Term Financial Plan to be brought to the Board in June 2019.

### **5. Legal & Risk Implications and Mitigation**

- 5.1. The Integration Joint Board has a statutory duty to issue Directions in line with the Partnership Strategic Commissioning Plan. A refreshed approach to Directions formed part of the papers for the meeting of the Integration Joint Board on 28 November 2018 to support the delivery of the Strategic Commissioning Plan.
- 5.2. The Integration Joint Board previously approved the time line for the development of the Strategic Commissioning Plan 2019-2022 (Appendix 1). As part of the work there was a requirement to ensure full consultation with service users; patients; unpaid carers; workforce; communities; and key stakeholders. A process of engagement and consultation took place to identify the draft delivery priorities led by members of the Strategic Planning Group.

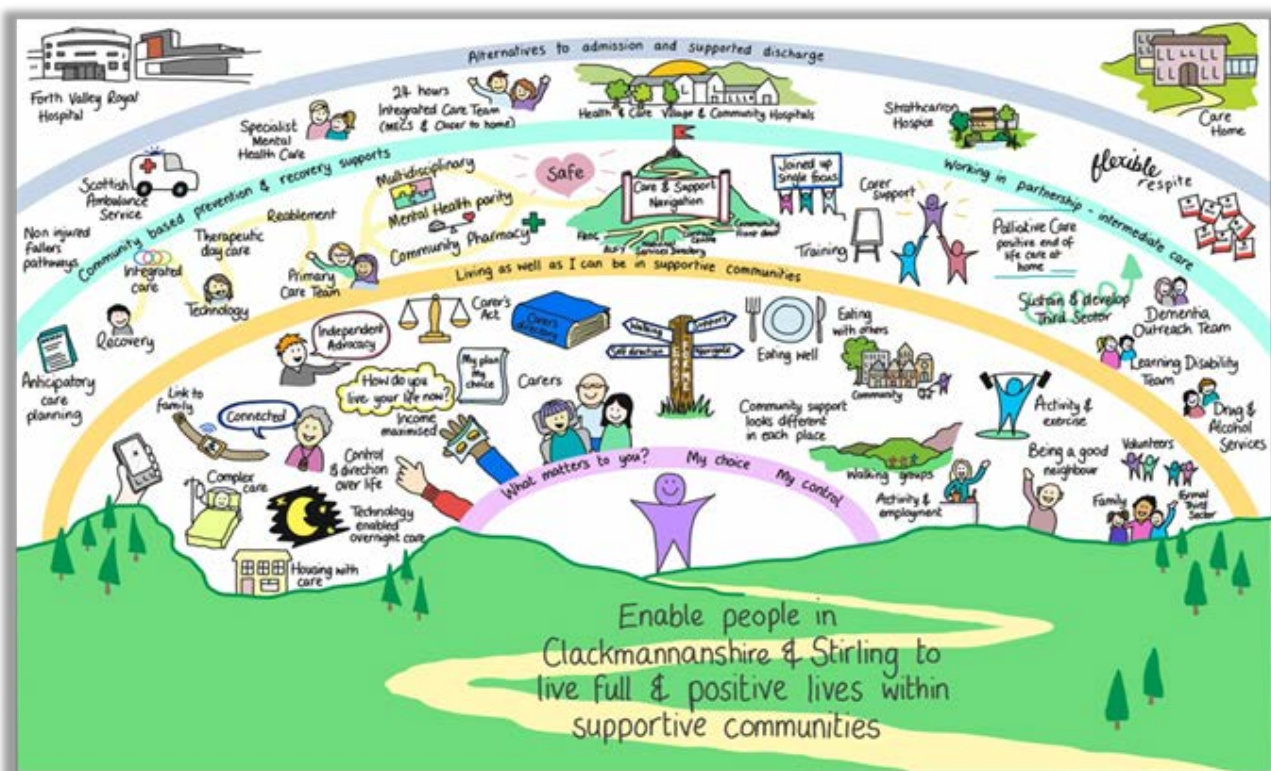


## **6. Background**

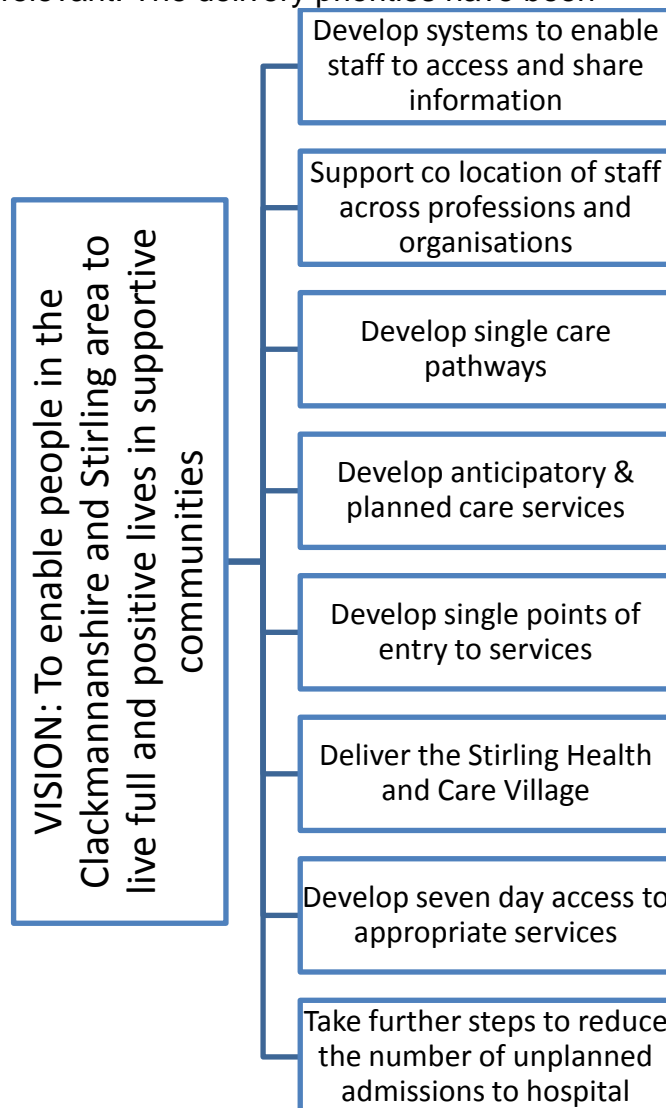
- 6.1. As set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the Partnership must prepare a Strategic Commissioning Plan that:
  - 6.1.1 Sets out the arrangements for carrying out the integration functions over the period of the plan.
  - 6.1.2 Sets out how those arrangements are intended to achieve, or contribute to achieving the national health and wellbeing outcomes and the Partnerships local vision and outcomes.
  - 6.1.3 Sets out the separate arrangements for carrying out the integration functions in relation to each locality area.
  - 6.1.4 Has due regard to the effect which any arrangements may have on services, facilities and resources.
  - 6.1.5 Has regard of the integration delivery priorities.
  - 6.1.6 Has regard to the national health and well-being outcomes.
  - 6.1.7 Includes other material as considered fit.
- 6.2. With this guidance, the Strategic Planning Group, has undertaken a refresh of the Strategic Needs Assessment in order to revise the position of the current plan (2016-2019), and identifying key areas for further transformation of services across Clackmannanshire and Stirling – the delivery priorities.
- 6.3. A draft set of delivery priorities was subsequently developed with the Strategic Planning Group, which the Integration Joint Board approved as the main principles to take to public consultation in November 2018.
- 6.4. A refresh of the Strategic Needs Assessment was presented to the Integration Joint Board on 26 September 2018. The information from the Strategic Needs Assessment supported the identification of the draft delivery priorities. The final version of a focused update of the Strategic Needs Assessment (Appendix 2) has been refined since September 2018 and is presented for approval for publication.
- 6.5. In order to maximise the full potential of integrated services, it is important that Health and Social Care Partnerships work collaboratively with all partner organisations. A revised Housing Contribution Statement (Appendix 3) is a key document which will enable the Partnership to develop greater links and improved services for people using services.
- 6.6. It is also a requirement for the Partnership to fully consider the needs and plan ahead for its workforce (Appendix 3).

## 7. Considerations – The Strategic Commissioning Plan 2019-2022

- 7.1. It is intended that the draft Strategic Commissioning Plan 2019-2022, retains the Partnership vision to “enable people in the Clackmannanshire and Stirling area to live full and positive lives in supportive communities,” and outlines the key delivery achievements of the first Strategic Commissioning Plan (2016-2019).
- 7.2. The Strategic Commissioning Plan 2019-2022 will continue to build on the work which has taken place over the cycle of the first Plan.
- 7.3. A rich picture has been developed to illustrate the whole system



- 7.4. The delivery priorities from the first Strategic Commissioning Plan remain largely relevant. The delivery priorities have been –



- 7.5. In developing the SCP, the Strategic Planning Group considered the outputs of the refreshed Strategic Needs Assessment alongside the progress from the Transforming Care Programme. In some areas such as delivery of the Stirling Health and Care Village the work will move away from the building programme to embedding the service and ensuring single pathways and developing the fully integrated services. In other areas it will be further development and embedding of work already underway.
- 7.6. The Strategic Planning Group, building on the delivery priorities from the first SCP, have identified a number of overarching Partnership priorities, underpinned by a principle to develop place based care built on the work of the Neighbourhood Care team and centred on the locality profiles. The overarching high level priorities identified thus far include:
- Further development of bed based, care at home and Closer to Home intermediate care, working in collaboration to reduce unscheduled care and ensure appropriate commissioning of care at home services. The

approach to developing the care model of the Health and Care Village should also be used to review and re-align services provided within Clackmannanshire Community Healthcare Centre.

- Continue to develop and deliver Primary Care Transformation.
- The embedding of informal supports which are preventative, are placed in communities and support unpaid carers as partners in care (Caring, Connected Communities).
- Further development of Mental Health initiatives including suicide prevention.
- Alignment of the Alcohol and Drug Partnership
- Supporting people living with dementia within their communities, in line with the National Dementia Strategy.

7.7. It has also been recognised that in order to successfully support localities, there is a need to work closely with them to promote healthy living initiatives which tackle inequalities in line with Scotland's Public Health Reform priorities. To be meaningful, these initiatives may differ across the localities of the Partnership, but should be aligned to the Local Outcomes Improvement Plans produced by each constituent Community Planning Partnership/Alliance.

7.8 Four key Enablers have been identified to support the implementation of the commitments outlined above, namely:

- **Housing** services can make an important contribution in each of the key areas, supporting the successful planning, leadership and delivery of integrated services to shift the balance of care to community services and support. A refreshed Housing Contribution Statement will be brought to the Integration Joint Board in June 2019 for approval.
- **Technology Enabled Care** continues to be a key enabler across all care groups and can successfully support people who use services and their unpaid carers, reducing "overcare" and promoting self-management.
- Effective planning to support the **workforce** to maximise the potential of integration, and truly transform the experience of users and unpaid carers.
- The **infrastructures** which support services to deliver safe and effective care are essential to the planning and commissioning of robust and sustainable services. This includes effective clinical and care governance arrangements as well as improved communication technologies/databases, and effective performance monitoring.

7.9 As Localities become fully established, it will be a requirement of Locality Managers to lead on the development of Delivery Plans with communities which reflect the priorities outlined within the Strategic Commissioning Plan. As these are developed, they will be brought to the Integration Joint Board for approval and on-going monitoring of progress.

## 8. CONSULTATION

- 8.1 The Integration Joint Board approved a series of active engagement from December 2018 – February 2019, in order to further inform the draft Plan, and gain feedback which will be incorporated into this.
- 8.2 There has been ongoing engagement through the Strategic Planning Group and the Public Partnership Forums to identify and agree the high level priorities and how these should support the development of locality plans.
- 8.3 The specific consultation for the Strategic Commissioning Plan included:
- An online consultation survey from February 2019
  - Further co-production session with Strategic Planning Group - January 2019
  - Public engagement events in each locality - January/February 2019
  - Staff engagement via Toolbox Talks
  - Engagement with Provider Forums – January/February 2019
  - A focused session with people living with dementia led by Third Sector colleagues and the Connected Neighbourhoods Project
  - Attendance at user and unpaid carer groups already established
  - Further consultation with the Public Partnership Forum – February 2019
  - A Strategic Planning Group workshop on Workforce Planning in February 2019
- 8.4 Notable feedback from the consultation and engagement exercise has included positive agreement that the revised delivery priorities are areas which the public would agree with.
- 8.5 The consultation asked a series of questions to support meaningful discussion:
- **Do you agree with the draft Priorities** – this was viewed positively, with a number of people responding that the SCP should be achievable without over-commitment given resource constraints.
  - **What gaps are there** – there was a strong response that the role of unpaid carers should be strengthened in the SCP, along with consideration of how to support all adults with physical disabilities and mental health conditions.
  - **What do we need to do differently** – feedback indicates that appropriate resources should be in place to provide a range of respite opportunities for unpaid carers. There was also considerable feedback

to improve care at home services and to focus on re-designing the services people experience when using Clackmannanshire Community Healthcare Centre.

- **What will success look like** – People recognise the role the Third Sector play and that this should be strengthened in terms of overall partnership working to improve the range of supports in people's communities. It was also felt that improved housing opportunities, along with the benefits of Technology Enabled Care would provide better environments for people to live well in their communities. Again, it was emphasised that support for unpaid carers is key.

- 8.6 A full report on the feedback gathered from the engagement workshops and online survey will be made available on the Health and Social Care Partnership website and has been included in the development of the SCP.

## 9. **Housing Contribution Statement**

- 9.1 Housing is an integral part of enabling people to live at home independently and for as long as possible, which is what the majority of people want. It is a key service in promoting prevention and early intervention. Accommodating people's different needs as they age or face ill health needs careful joint strategic planning with key partners, including those who will be using services. Creative thinking around involving housing managers in collaborative leadership programmes, as well as joint integration transformation programmes, will provide an opportunity to fully integrate housing services across the strategic plan's key priorities and deliver innovative positive outcomes for people who need services now and in the future.
- 9.2 There are some exciting developments within housing policy which over the next five years are going to significantly impact health and social care services, including the **Rapid Rehousing and Housing First agenda**. Rapid rehousing is at the heart of Scotland's response to homelessness. It means quickly housing and providing support to people who are homeless or at risk of homelessness and offering Housing First to those with a range of complex needs.
- 9.3 These will see the impact of a clear prevention and early intervention agenda, to reduce the cycle of homelessness. For a small core of the homeless population homelessness is part of a complex range of needs, including mental ill health, drug and alcohol abuse and criminal behaviour. The response for them is likely to be Housing First for whom support for individuals is a key part.
- 9.4 If we are able to develop a successful partnership approach to Rapid Rehousing and Home First, there is enormous potential for significant savings to services at a time when budgets are stretched and public finances continue to reduce.

- 9.5 It is recommended that in any assessment and planning of individual needs, their housing needs are properly considered and that housing services, in partnership with health and social care, commit to working collaboratively to create a sustainable continuum of housing to enable people to live at home.
- 9.6 The development of a new and innovative housing with care model in Primrose Street, Alloa, will also see the partnership working closely with housing colleagues to develop core and cluster housing, with on site/layered care, which will aim to support people at home, negating the need for residential care homes locally. It is important that the delivery of the Strategic Housing Investment Plan in Stirling has similar developments identified following partnership discussions.
- 9.7 To support the Strategic Commissioning Plan, the housing services in both local authorities are working collaboratively to develop a refreshed Housing Contribution Statement, which will commit to this enabler over the duration of the SCP. This Statement will be presented to the Integration Joint Board at the June 2019 meeting for approval.

## 10. **Workforce Plan**

- 10.1 The overall aim of the workforce plan is to build upon that published previously by the Partnership (Integrated Workforce Plan 2016-2019), to ensure a workforce fit for the future of health and care services in Clackmannanshire and Stirling.
- 10.2 The recent Audit Scotland and Ministerial Strategic Group reports on the progress of integration identify the development of robust workforce plans as pivotal to the success of effective collaborative working arrangements in health and social care partnerships. This includes effective planning with partner organisations in the Third and independent sectors.
- 10.3 The Workforce Plan has been devised to address how we can support employees to deliver the right service at the right time, and in line with the Strategic Commissioning Plan priorities.
- 10.4 The needs of our future workforce are outlined within the Workforce Plan, considering the following:
- Workforce Skills to meet Shifting Demand
  - Equipping our Workforce for Digital Transformation
  - Developing Collaborative and Innovative Leaders for the Future
  - Engaging and Motivating our Workforce
- 10.5 This includes a series of actions which will seek to integrate teams and maximise opportunities for shared learning and experience across whole systems, including unpaid carers.

## 11. Impact on Integration Joint Board Outcomes, Priorities and Outcomes

- 11.1. This report and associated recommendations relates to the following Clackmannanshire and Stirling Health & Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate).

Fit with Local Outcomes	
Self Management	x
Community Focussed Supports	x
Safety	x
Decision Making	x
Experience	x

Fit with Our Priorities 'we will...'	
Further develop systems to enable front line staff to access and share information	x
Support more co-location of staff from across professions and organisations	x
Develop single care pathways	x
Further develop anticipatory and planned care services	x
Provide more single points of entry to services	
Deliver the Stirling Care Village	
Develop seven-day access to appropriate services	x
Take further steps to reduce the number of unplanned admissions to hospital and acute services	x

## 12. Consultation

Consultation and engagement has been carried out with all stakeholders to develop meaningful priorities for the Strategic Commissioning Plan 2019-2022.

## 13. Equality and Human Rights Impact

The content of this report **does** require a EHRIA

## 14. Data Protection Impact Assessment

The content of this report **does** require a DPIA.

## 15. Appendices

Appendix 1 – Strategic Commissioning Plan 2019-2022.  
 Appendix 2 – Strategic Needs Assessment – focused update.  
 Appendix 3 – Workforce Plan







Clackmannanshire & Stirling  
**Health & Social Care  
Partnership**

# Strategic Commissioning Plan 2019-2022 Draft Content v25



Clackmannanshire  
Council



**NHS**  
Forth Valley

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## **Foreword**

**‘Enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities’**

Welcome to the second Strategic Commissioning Plan 2019 – 2022 of Clackmannanshire and Stirling’s Integration Joint Board. It has now been 3 years since the Integration Joint Board was established, and there has been significant progress in developing health and social care services in this time.

We have been able to deliver our Health and Care Village, which will see true transformation in terms of bed based short stay assessment and Primary Care services and facilities. This coupled with emerging neighbourhood care team is beginning to develop into a locality model which will support service change further.

It is recognised that demand for services continues to shift as people live longer at home, with more complex needs. Our plan reflects this complexity and builds upon the measures taken over the duration of our first Strategic Plan for 2016-2019 with the ambition that we commit wholly to better integrate working which delivers improved outcomes for all of our citizens.

To do so, we need to reflect the uniqueness of our Health and Social Care Partnership, and to consider the medium term sustainability plans required to deliver upon our vision to enable people to live full and positive lives in supportive communities.

Integration is ultimately about people, and improving the experience of care for people using services as well as the people who provide care. To ensure that planning and delivery of services is centred on people there needs to be meaningful and sustained engagement with and for communities. This plan has been devised in consideration of this to reflect the aspirations of people and following considerable consultation and engagement. There is acknowledgement that we cannot merely do more of the same, but need to work collectively with communities to bring these aspirations to life.

We would like to take this opportunity to thank all of those who took the time to contribute to the development of this plan, and hope that your continued involvement will be possible as we start to implement our priorities over the next 3 years.



**John Ford**  
Chair of IJB



**Les Sharp**  
Vice Chair of IJB



**Scott Farmer**  
Chair of Finance &  
Performance  
Committee

## Introduction

### Strategic Commissioning Plan

This document, the Strategic Commissioning Plan, describes how the Clackmannanshire and Stirling Health and Social Care Partnership will make changes and improvements to develop health and social services for adults over the next three years. This is a high level plan underpinned by a number of national and local policies, strategies and action plans which will be profiled and updated on the Clackmannanshire & Stirling Integration web-page. It will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision. The plan explains what our priorities are, why and how we decided upon them and how we intend to make a difference by working closely with partners in the Clackmannanshire and Stirling area.

The Strategic Commissioning Plan for Clackmannanshire and Stirling will take account of the Strategic Plan for the Falkirk partnership area, particularly where it relates to some of the specialist and hospital services which are planned and delivered across the Forth Valley area. The Plan will also take account of the Strategic Plans for other neighbouring partnerships, recognising that some services are planned on a regional basis and that some residents in the Clackmannanshire and Stirling Council areas access services delivered by neighbouring Health Boards.

### Community Planning Partnerships

The Clackmannanshire and Stirling Health & Social Care Partnership will work closely with the Community Planning Partnerships in both Clackmannanshire (Clackmannanshire Alliance) and Stirling (Stirling Community Planning Partnership) to ensure that all efforts are aligned to the respective Local Outcome Improvement Plans.





## About Us

### **Clackmannanshire & Stirling Health and Social Care Partnership**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities to integrate the planning for, and delivery of, adult health and social care services. Clackmannanshire Council, Stirling Council and NHS Forth Valley have established a Health and Social Care Partnership across the Clackmannanshire and Stirling Council areas. The partnership approach extends to third and independent sector colleagues.

### **Integration Joint Board**

The Integration Joint Board has representatives from Clackmannanshire and Stirling Councils, NHS Forth Valley Health Board, the Third Sector, representatives of those who use health and social care services, and unpaid carers. The Board, through the Chief Officer, has responsibility for the planning, resourcing and operational oversight of integrated services within the Strategic Plan.

### **Chief Officer**

The Chief Officer is responsible for management of the integrated budget and ensuring integrated service delivery. The Chief Officer is accountable to the Integration Joint Board and to the Chief Executives of the Health Board and the Local Authorities for the delivery of integrated services.



## Localities

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the partnership to identify localities for the planning and delivery of services at a local level. A locality is defined in the Act as a smaller area within the borders of the partnership area. The development of localities will support the principle of collaborative working across primary and secondary health care, social care and third and independent sector provision. There will be a strong focus on community involvement and engagement aligned with the existing place based initiatives and Community Planning Partnership neighbourhood level activity across Clackmannanshire and Stirling. This will include community test sites and will support the wider aspirations for communities across the partnership area.

There are three localities within the Clackmannanshire and Stirling partnership: one locality in Clackmannanshire and two in Stirling. These three localities areas are sufficiently large to offer scope for service planning and development, while also providing scope for local involvement. The three localities are aligned as far as possible with the ways in which Primary and Secondary Health Services, Housing and Social Services, and other services, are currently delivered. The localities reflect the needs of Clackmannanshire and Stirling areas and recognise the differences between the large rural area and Stirling City.

The three localities are:



The leadership structure to support our localities is emerging, and there is a commitment that in the 3 years of this plan, these will become fully operational. Our engagement strategy will extend to further involve communities in developing meaningful locality delivery plans which reflect how our priorities will be met in each.

## Clackmannanshire



2,227 Delayed Discharge  
Bed Days Occupied in  
2017/18



Suicide Rate  
per 100,000 Population  
Clackmannanshire 21.7  
Scotland 13.3



14.2% People  
Income Deprived  
(12.2% Scotland)

---

## Rural Stirling



22.5% of Population  
Are Aged 65+  
(18.7% Scotland)



5,775.8 Emergency  
Hospital Admissions  
per 100,000 Population  
(7,601 Scotland)



179 Alcohol Related  
Hospital Stays  
per 100,000 Population  
(680.8 Scotland)

---

## Stirling City with the Eastern Villages, Bridge of Allan and Dunblane



Coronary Heart Disease  
Rate per 1,000 Population  
34.9 vs 42 Scotland



151.7 Drug Related  
Hospital Stays  
per 100,000 Population  
(146.9 Scotland)



626 Estimated Number  
With Dementia



## Which Health and Social Care Services are included within Integration?

Our partnership is responsible for planning and commissioning integrated services and overseeing their delivery. These services cover all adult social care, adult primary and community health care services and the elements of adult hospital care which will offer the best opportunities for service redesign.

The health and social care partnership has a key relationship with acute health services and will work closely with the full range of Community Planning Partners to optimise wellbeing throughout the area. This approach includes working with third sector organisations, independent sector, and all of the other public sector bodies to deliver flexible locality based services, including services commissioned on a Forth Valley wide basis such as Alcohol and Drugs Services.

While doing so, we endeavour to make the most of opportunities to work in partnership directly with communities in the planning and design of services.

### NHS Forth Valley

- District Nursing
- Services related to substance addiction or dependence
- Services provided by Allied Health Professionals in outpatient clinics or out of hospital
- Public dental service / Primary medical services (including out of hours) / General dental, Ophthalmic and Pharmaceutical services
- Services provided out-with a hospital in relation to geriatric medicine and palliative care
- Community Mental Health and Learning Disability services
- Continence and kidney dialysis services provided out-with hospitals
- Services that promote public health

### Clackmannanshire Council & Stirling Council Services

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, assistance including aids and adaptations, and provision of gardening assistance
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Reablement services, equipment and telecare

There are other, hospital based, services that are included for planning purposes. This will ensure that we are planning for the whole pathway of care for individuals. These services are:



**Accident and Emergency**



**Inpatient hospital services relating to General Medicine / Geriatric Medicine / Rehab Medicine / Respiratory / Psychiatry of Learning Disability**



**Palliative care services**



**Inpatient hospital services provided by General Medical Practitioners**

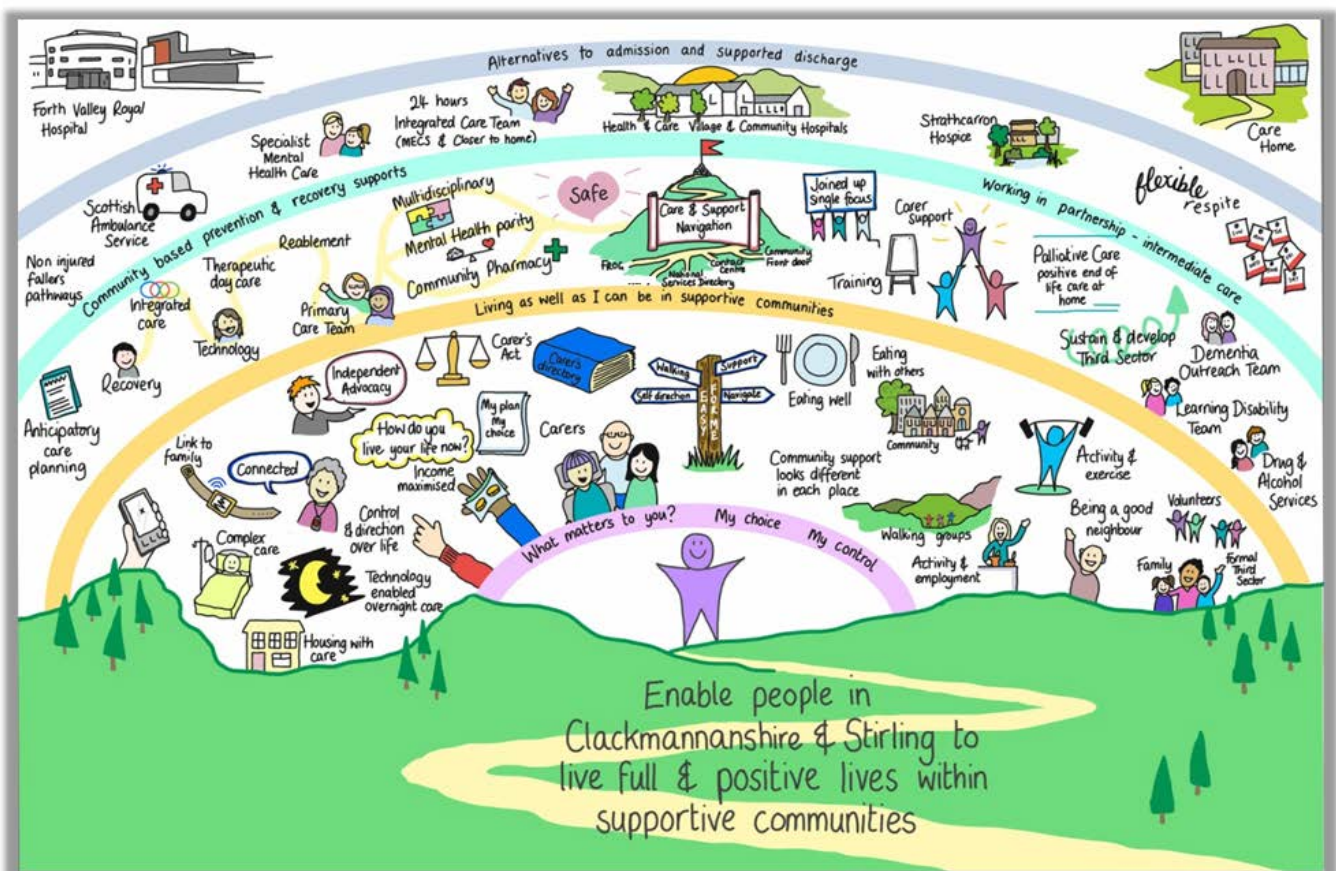


**Hospital based Mental Health and addiction or dependence services**

## Partnership Vision and Principles

**Our Vision is to enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities**

To consider the meaning of this vision, a collaborative exercise has been done with a graphic artist and members of our Strategic Planning Group. They were able to illustrate what the vision means for us and our communities. This Rich Picture has been used in the development of this Strategic Commissioning Plan, guiding our discussions and next steps with our communities.



## Principles

All integration activity must be delivered with full recognition of the Planning and Delivery Principles, as set out in the Public Bodies Act. The principles set out the values and approach that we will adopt whilst working together.

The main purpose of the integration planning and delivery principles is to improve the wellbeing of service-users and to ensure that those services are provided in a way which:

- are integrated from the point of view of service-users
- take account of the particular needs of different service-users
- takes account of the particular needs of service-users in different parts of the area in which the service is being provided
- take account of the particular characteristics and circumstances of different service-users
- respects the rights of service-users
- take account of the dignity of service-users
- take account of the participation by service-users in the community in which service-users live
- protects and improves the safety of service-users
- improves the quality of the service
- are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
- best anticipates needs and prevents them arising
- makes the best use of the available facilities, people and other resources





There are nine National Health and Wellbeing Outcomes set by the Scottish Government that our Partnership is measured against. Progress is reported through the [Annual Performance Report](#).

#### National Health & Wellbeing Outcomes

① Healthier living	People are able to look after and improve their own health and wellbeing, and live in good health for longer.
② Independent living	People, including those with disabilities, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home, or in a homely setting, in their community.
③ Positive experiences and outcomes	People who use health and social care services have positive experiences of those services, and have their dignity respected.
④ Quality of life	Health and social care services are centred on helping to maintain or improve the quality of life of service users.
⑤ Reduce health inequality	Health and social care services contribute to reducing health inequalities.
⑥ Carers are supported	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
⑦ People are safe	People who use health and social care services are safe from harm.
⑧ Engaged workforce	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do.
⑨ Resources are used effectively and efficiently	To deliver Best Value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.

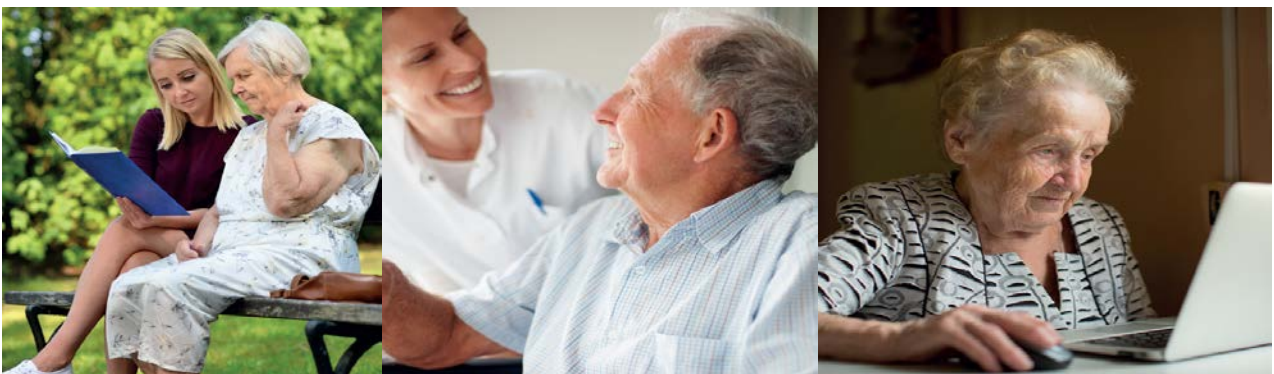


## Partnership Finance

- The base 2018/19 budget for the Partnership totalled £181m.
- The demand for, and cost of, the services we deliver continues to outstrip available resources. To provide sustainable services to the Partnership population we currently estimate that we will need to make savings or service efficiencies of £5m to £6m each year over the coming 5 years.
- In order to achieve this we need to focus investment of the resources we do have on local and national priorities and achieve best value in everything we do. The overarching priority for the Partnership is supporting people to live in the own homes or homely settings as long as possible. Achieving this within the resources we have available will require difficult decisions to be made on how we spend public money.
- A Medium Term Financial Plan and Delivery Plan are being finalised to accompany this plan. These aim to ensure that we are able to deliver our vision to enable people to live well in supportive communities on a sustainable basis. This will take considerable service change and transformation over both the short and medium term aligning available resources to strategic and locality priorities
- Given the combination of growing demand and limited resources the approach to service design and transformation will require to be increasingly radical into the future,

## Partnership Risk

- The Partnership maintain a Risk Register which is reviewed regularly and published within IJB Audit Committee papers which are available on our website



## Challenges and Opportunities



### Challenges

- Changing demographic means a continued and increasing demand for services, particularly for older people and people with multiple and complex conditions
- Increased suicide rate (per 100,000) in the Clackmannanshire locality
- Considerable variation in deprivation associated with health and wellbeing within the Partnership area
- Continued financial constraints
- Incomplete delegation of services

### Opportunities

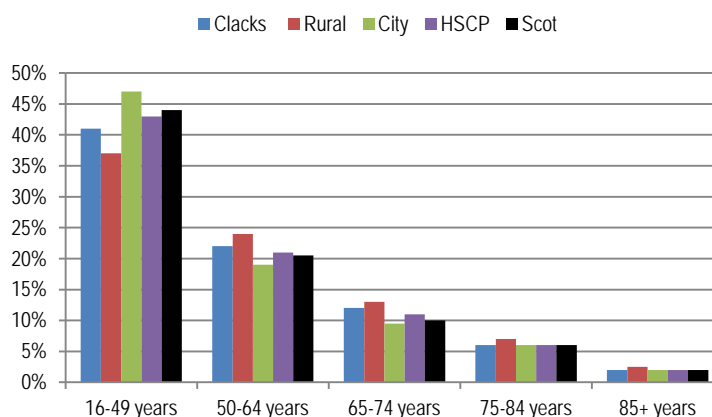
- Scope to build on the success of and further strengthen relationships with Third Sector, Unpaid Carers, and communities
- Expand the use of Technology Enabled Care to support people to live well and independently at home
- Build on progress to date in the delivery of Intermediate Care models, supporting people to live in their own homes or in a homely setting
- Build on and expand the use of multidisciplinary Primary Care teams and new Pharmacy models
- Improve opportunities to collaborate with Housing colleagues through our Housing Contribution work

## Clackmannanshire & Stirling Profile

### Population

A key aspect of determining the need of many health and social care services is the size and age distribution of the population. The Partnership has an estimated population of 145,450. The overall population is projected to increase by 5% by 2041. There are however differences in the age profile with the older aged population projected to increase considerably. There is a link between increasing age and multiple health conditions which increases the complexity of support needs

Adult Population



### Life expectancy



#### Males

- Clackmannanshire: 76.7 years
- Stirling: 78.8 years
- Scotland: 77.1 years



#### Females

- Clackmannanshire: 80.2 years
- Stirling: 82.6 years
- Scotland: 81.1 years

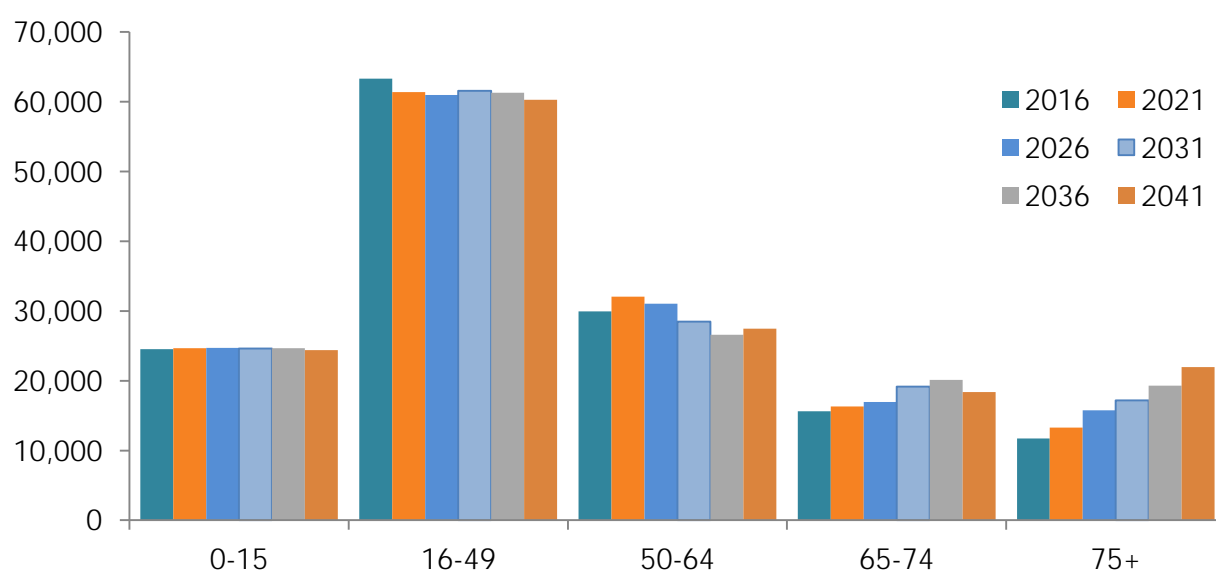


## Projected Population

Figure: Population Projections for Clackmannanshire and Stirling HSCP (2016 based)

The size and makeup of the future population will be a key consideration when assessing the impact of demand.

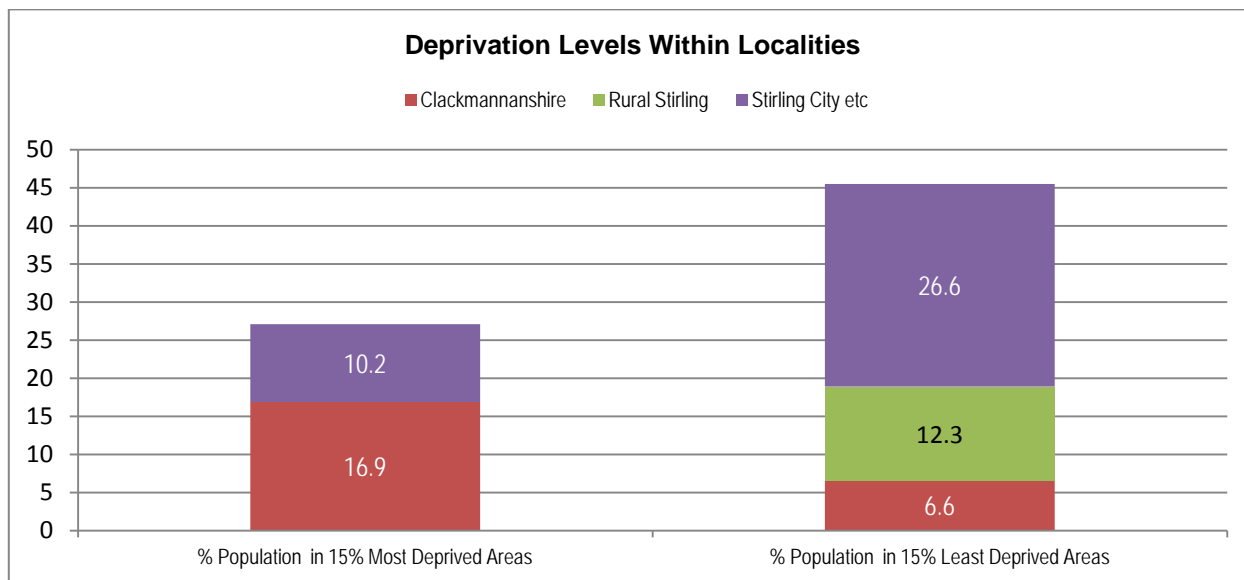
In Clackmannanshire the older population is predicted to increase at the same time as the working age population is decreasing. This means that at the same time as demand for services could be increasing, it could be more challenging to employ the workforce to meet this demand



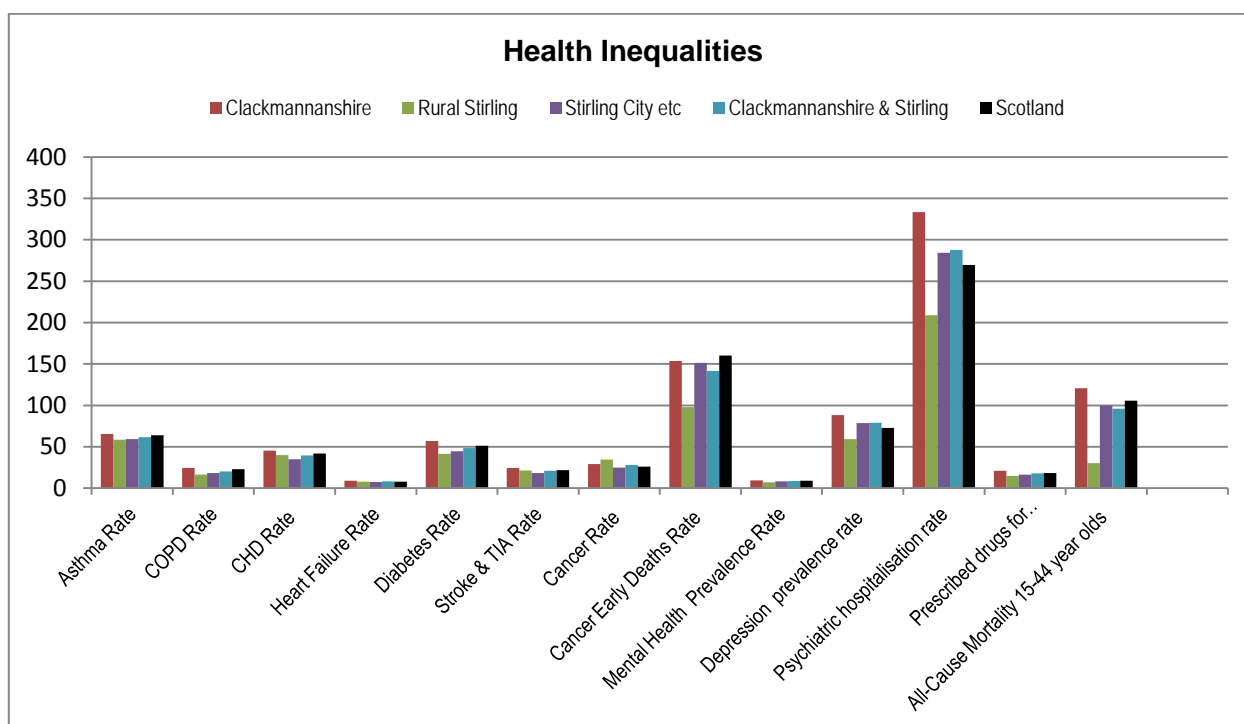
Source: National Records of Scotland (NRS) population projections

## Inequality

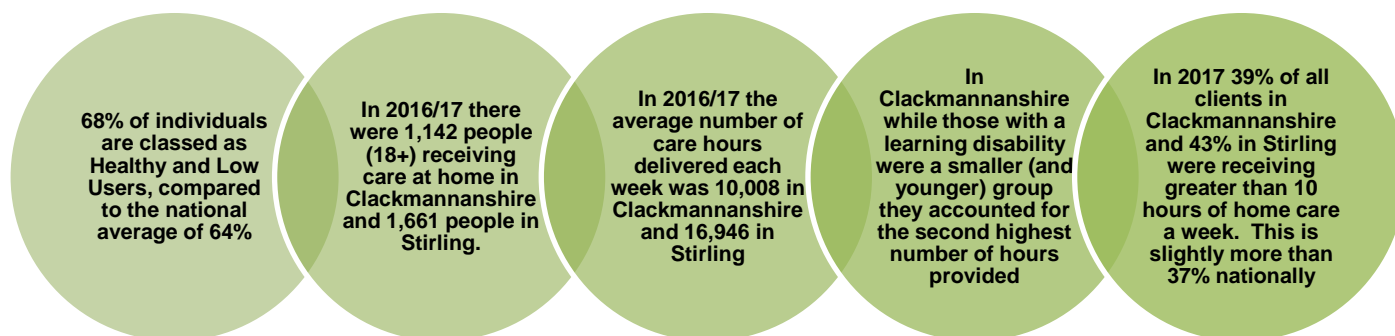
Research tell us that people who live in poorer areas in Scotland are more likely to die early from disease and have more years of ill health. Early death and illnesses associated with mental wellbeing, diet, drug use, tobacco and alcohol dependency, are more common in poorer areas than in richer areas. The leading causes of ill health or early death in Scotland are drug use disorders, heart disease, depression, lung cancer and Chronic Obstructive Pulmonary Disease (COPD).



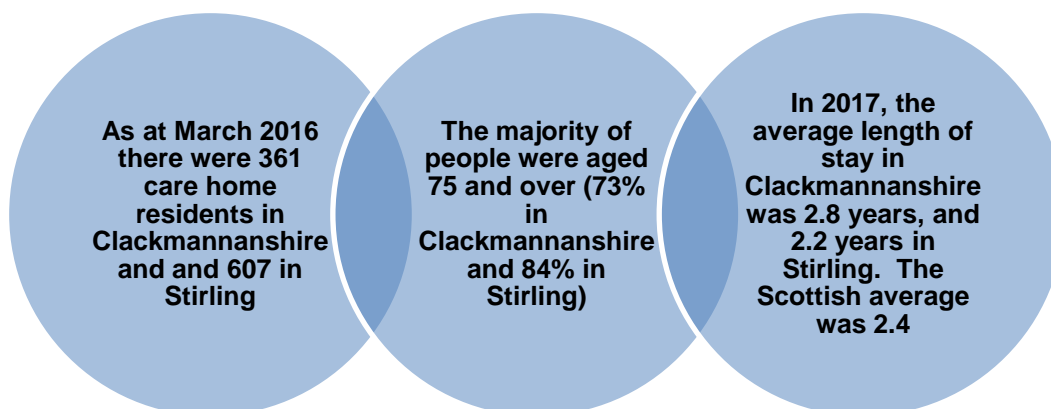
Mortality rates in Clackmannanshire are over 4 times higher in the most deprived areas than in the least deprived areas. In Stirling, mortality rates are more over 5 times higher in the most deprived areas than in the least deprived areas. However, Clackmannanshire has more areas of deprivation than Stirling overall.



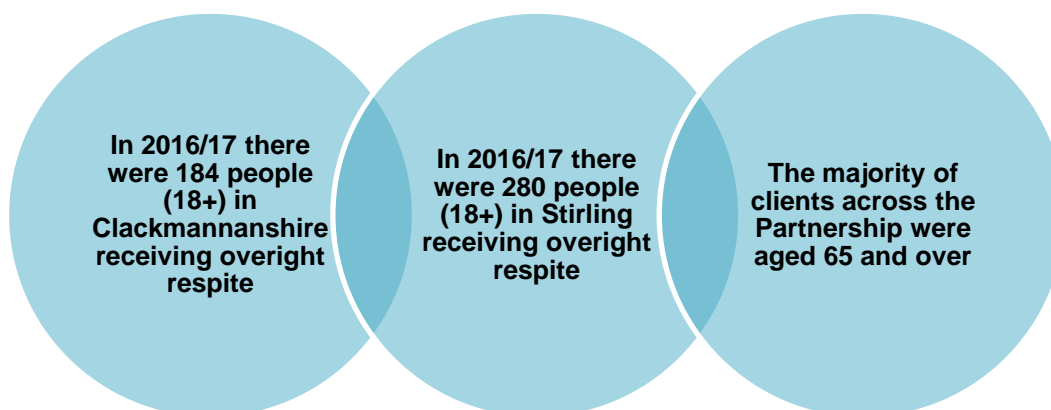
## Care at Home



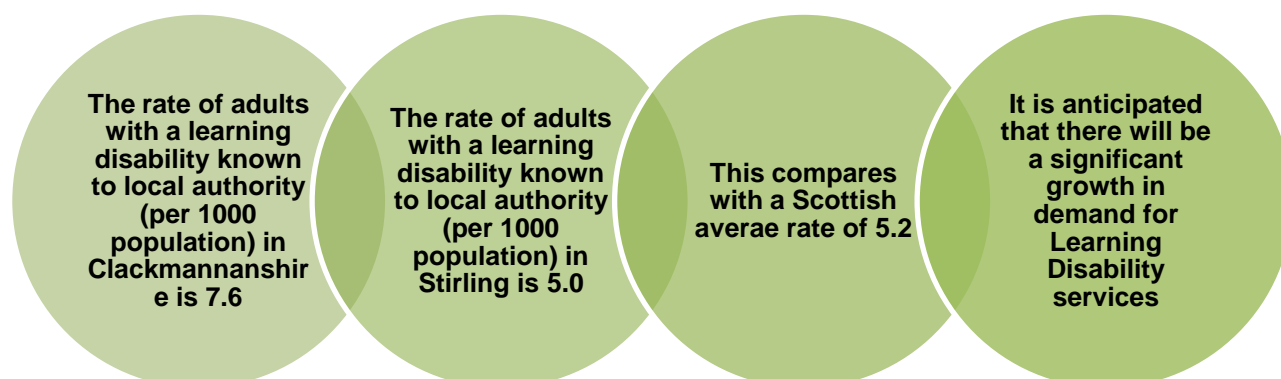
## Residential care



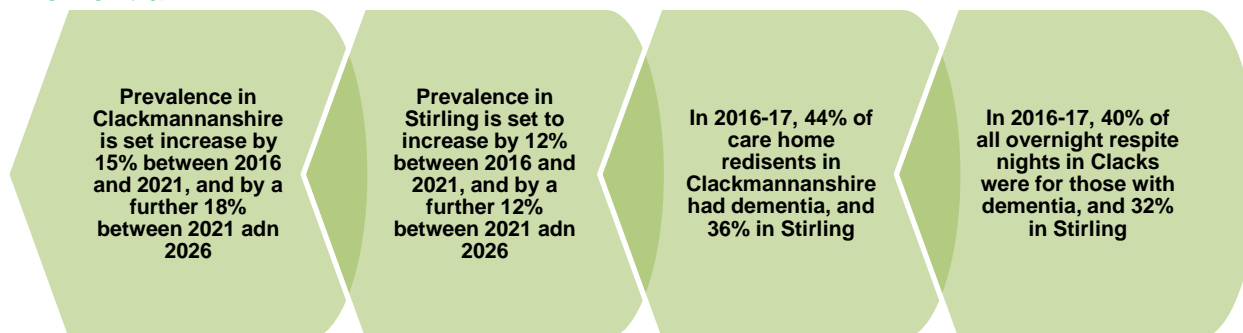
## Respite



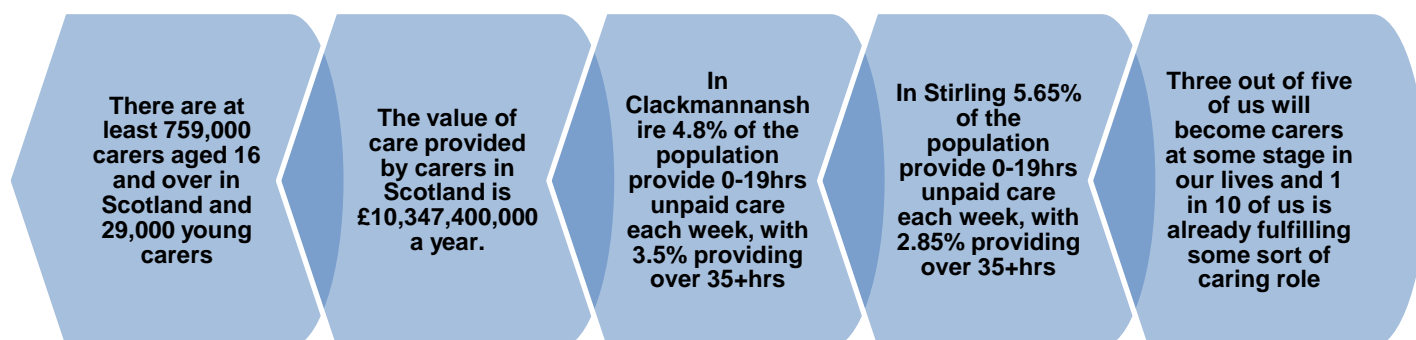
## Learning Disabilities



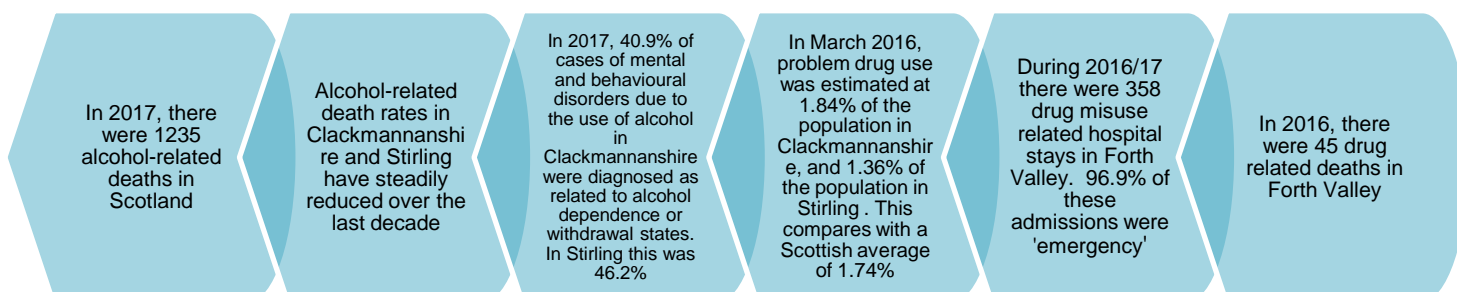
## Dementia



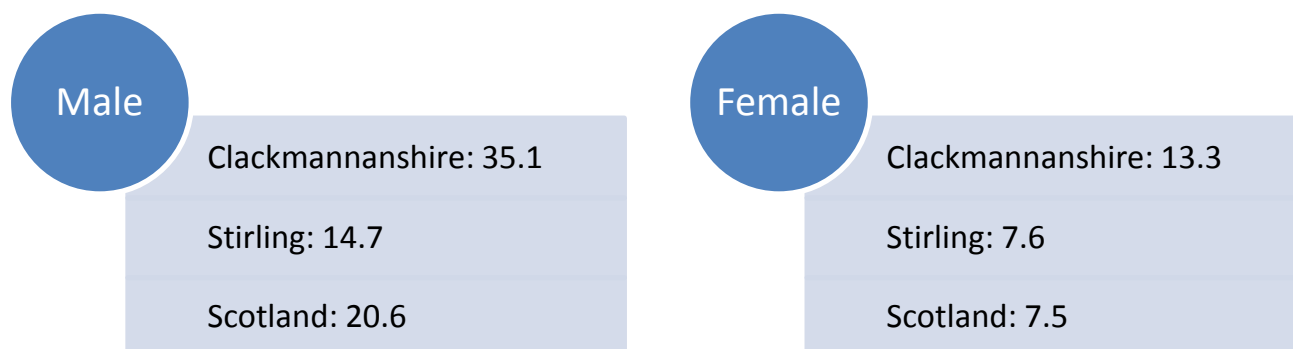
## Unpaid carers



## Alcohol and Drugs



## Suicide rates (per 1000 population)



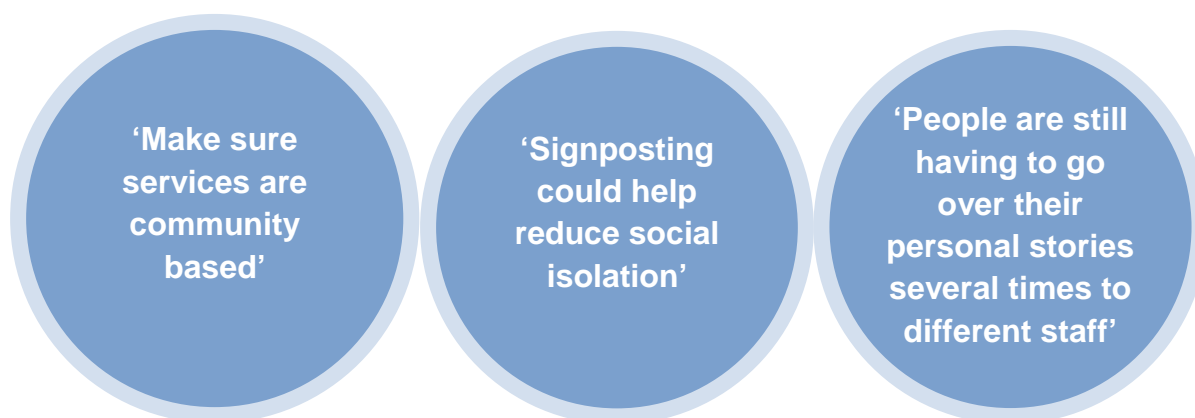
## What does this mean for you?

**‘Enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities’**

By bringing health and social care services across Clackmannanshire & Stirling together, we have the opportunity to improve our outcomes through joint working, better communication, improved efficiency and reduced duplication.

The people of Clackmannanshire & Stirling will be at the heart of redesigning services. They will be involved in designing changes to services which will focus on people and put them first. Through working together, we can start to tackle the issues identified in our Strategic Needs Assessment.

We recognise the critical role of the whole workforce in determining the success of partnership working. It is essential that our plans are informed and owned by those who work most closely with service users, their families and carers and their local communities. This will include volunteers and staff from third and independent sector providers as well as those who work in statutory health and social care services. By recognising the strengths and all of the resources within partnerships and communities, and taking advantage of opportunities such as shared learning, we can maximise outcomes for people and improve wellbeing.



## **Achievements from our first Strategic Plan (2016-19)**

### **Health and Care Village**

- The construction phases for the main buildings of the Health and Care Village site were completed by Autumn 2018, allowing occupation of the GP and Minor Injuries Centre, Scottish Ambulance base, and Bellfield Centre (116 places for intermediate care)
- This innovative project establishes the Health and Social Care Partnership and is a model for the integrated approach intended across all teams and services.

### **Model of Neighbourhood Care**

- The community of the rural south west of Stirling have identified the care of older people as a priority. We have been working together to develop a new and innovative model of neighbourhood care based on the Buurtzorg principles (person centred, staff autonomy and admission avoidance). This will change the way health & social care services are provided in the locality. The team will consist of staff currently delivering reablement, adult social care and nursing.

### **Intermediate Care/Care Closer to Home**

- The Partnership have worked with the i-Hub division of Healthcare Improvement Scotland to review its intermediate care services. This has included the development of the core vision, values and pathways for the Health and Care Village complex, supported by the Strategic Commissioning service, as well as the creation of a logic model to identify key drivers relevant to our Reablement approach.
- This work has led to efficiency within core teams, as well as the development of an Intermediate Care Implementation Plan to focus on how services can effectively support people closer to home.
- This approach supports people at home, avoiding unnecessary hospital admission and development of plans to reduce unscheduled care.

### **Day Services for Older People**

- Services to support older people offering day supports have been reviewed and plans to develop closer links with Third Sector groups have been made. This programme links to both the model of neighbourhood care, and the re-design of Ludgate House Resource Centre within the Clackmannanshire locality. The development of place based services which respond to the needs of local communities will support this approach.

### **Learning Disability and Mental Health**

- Teams of health and social care staff have been integrated to redesign ensure Best Value and consistency of service across the Partnership. This includes the re design of day services and the wider use of Self-directed Support to support service users and their unpaid carers to exercise choice and control over their care.
- In addition there are other enabling activities ongoing, including development of an information resource to improve post diagnostic support for Autistic Spectrum Disorders.
- Our redesign of dementia services is in line with Scotland's national Dementia Strategy [2017-20]. We are working together to ensure more effective pathways across Forth Valley for people with dementia supporting access to the right support at the right time.

### **Primary Care Transformation**

- The Primary Care Transformation programme has supported GP practices in Clackmannanshire over the last year to work together to implement a number of changes which aim to sustain access to primary care at a time of significant challenge. This has resulted in more than 200 new Primary Care Mental Health Nurse appointments per week being created, across the 7 GP practices, for people seeking GP support with mental health issues in Clackmannanshire.



## Our Priorities for 2019-2022

Vision	Priorities	Enabling Activities				Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure	Intermediate Care Strategy
	Primary Care Transformation					Primary Care Improvement Plan
	Caring, Connected Communities					Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health					Mental Health Strategy
	Supporting people living with Dementia					Dementia Strategy
	Alcohol and drugs					Forth Valley ADP Strategy



## Care Closer to Home

### What matters

Intermediate care is a core delivery priority of the Partnership. Bed based provision is demonstrated within the Bellfield Centre, an innovative, integrated service which was a cornerstone of the 2016-19 Strategic Plan. As this service became operational during winter 2018/19, the development of pathways, team and skills mix within the service, will continue to evolve over the next 3 years. It is important that this links to the core priorities and the Implementation Plan for Intermediate Care for the Partnership.

We know that many adults can be supported at home, even when unwell, and that to stay unnecessarily in hospital can be detrimental to people's ability to manage their own care, while leading to a loss of independence. This has led to a strong focus on reducing unscheduled attendance to acute services, at the same time as continuing to provide appropriate and timely support to reduce delays in discharge. The Partnership performs well in this, but more work is required to support people when unwell at home, and to develop further community pathways which Intermediate Care Services can do.

Care closer to home, via the Enhanced Care Team of community nursing and GPs provides assessment, treatment and care at home for a time limited period. It is key that this service becomes integrated with social care response via Reablement and Technology Enabled Care thus maximising efficiency of resources, and ensuring the appropriate skills mix within the workforce.

### What we are already doing

We provide services closer to home which are defined as Intermediate Care. These services provide a bridge between health and social care, with the aim of supporting people to live in their own homes or in a homely setting, reducing dependence on acute hospital facilities. These services are important in avoiding unnecessary hospital admission and reducing delays in discharge.

The Partnership provides a range of Intermediate Care Services including:-

- Step up/down bed based care
- Reablement – care at home
- Enhanced Care Team – healthcare at home, avoiding hospital admission
- Technology Enabled Care

### What we will do

- To support more people to stay well at home requires a review of our Care at Home services to improve timely access and build enablement approaches. We will do this in collaboration with all partners across the independent and Third Sector.
- As services become embedded in the Bellfield Centre, there will be lessons from this which will be able to be applied to the bed based services within Clackmannanshire Community Healthcare Centre.
- It is important that we continue to reduce and avoid people becoming delayed in their discharge from hospital, and there is a requirement to work closely with acute services to do so.



IC Implementation  
Plan.doc





### The Bellfield Centre

Delivery of the Health and Care Village was a cornerstone of the previous Strategic Plan, and the opening of the Bellfield Centre in November 2018, has given us a fully integrated Health and Social Care service to support older people to recover from illness, or regain personal skills, in a homely therapeutic environment.

Partnership working has been at the forefront since the opening of The Bellfield Centre. Positive work has been ongoing to provide a safe and effective level of support to people using the service. Relationships have been built between teams to ensure that there are opportunities to support people at the right time with the right person, minimising the possibility of re admission to acute services. Evidence of Partnership working can also be seen in the roles of all staff working in the Bellfield Centre including – GP's, Intermediate Care Workers and Assistants, Registered Mental Nurses, Physiotherapists, Pharmacy, Occupational Therapists, Nursing Assistants, Speech & Language Therapists, - all to ensure the person at the centre of the care receives the best support they can.

The partnership working of this project includes the development of a Third Sector Hub at the front door, public space of the Centre, led by Artlink Central. The best ways to maximise the use of this space is being led by the Third Sector to ensure that it retains a community focus which builds connections for people returning home. An Artist in Residence has been appointed and will support people using our service to find their creative side as well as work with users and their carers to personalise the living environment.

As this service develops, it will seek to tackle isolation and loneliness, while providing community links to support people living with dementia.

## Primary Care Transformation

### What matters

We know that access to GPs and primary care support matters greatly to people and to the wider health and care system. We asked the public at two public partnership forums, in September 2018, what matters when seeking healthcare advice or support. They said;

- **Quick access** to the right professional or service, be it GP, Physiotherapist, specialist care or other. "we want to nip health problems in the bud"
- **Good Communication** between health and care professionals and people "we don't want to be bounced between services and professionals"
- **To be informed** about new ways of working in clear and understandable language.

### What we are already doing

The Primary Care Improvement Plan encourages GP practices to work together and take a multi-disciplinary approach to improving primary care. This involves developing the role of health professionals such as pharmacists, physiotherapists, mental health professionals and advanced nurse practitioners and freeing up GPs to focus on the people who need them most.

For example; we know that 10-20% of GP appointments are for people seeking help with mental health problems so, we now have mental health primary care nurses in 21 GP practices across Clackmannanshire and Stirling.

### What we will do

We will scale up the support to all GP practices in Clackmannanshire and Stirling through implementation of our Primary Care Improvement Plan. The key components of this are:

#### **Vaccination Transformation**

Vaccine delivery will change in light of the increasing complexity of vaccination programmes in recent years. This change will see the development of a community vaccination team who will maintain the highest levels of immunisation and vaccination uptake.

#### **Pharmacotherapy Support**

Pharmacists will support activities in all general practices. They will provide services including acute and repeat prescribing and medication management activities.

#### **Additional Professional Roles**

Practitioners, such as physiotherapists, mental health practitioners and advanced nurse practitioners will work closely with GPs. They will be a first point of contact to assess and direct care for urgent health issues, muscle and joint problems and mental health issues.

#### **Link Workers**

Community Links Worker works directly with patients to help them navigate and engage with wider services. We will employ link workers to support people in the most socio-economically deprived communities, assisting people who need support because of (for example) the complexity of their conditions or rurality.

#### [Primary Care Plan](#)

#### Best in Class

Joint pains can be like a wake-up call from your ageing alarm clock.

Over 500 people in Clackmannanshire have now experienced our "Best In Class" approach to supporting people with lower limb arthritis. This approach offers direct appointments with a physiotherapy Joint Pain Advisor in GP practices and also welcomes anyone to join the Active Clacks Hip and Knee classes in Alva and Alloa. The first contact physiotherapy model will be rolled out across all GP practices over the next two years, offering discussion, assessment and practical advice on activity, diet, relaxation and lifestyle choices which can help people recover the spring in their step.

## Caring, Connected Communities

### What matters

Anyone can become an unpaid carer at any time in their lives, and they should be supported appropriately to do so. Our consultation highlighted the importance in providing meaningful support to unpaid carers making this a key priority for us.

Having support available within local communities is important to people's sense of wellbeing and belonging. People have told us that they wish to remain in their own communities and access services and support there if required.

We also know that isolation and loneliness can have a detrimental impact on people's wellbeing, while person-led health and social care can alleviate this. Development of planned community supports with Third Sector and Housing organisations will be important to improving access to informal supports.

### What we are already doing

#### Models of Neighbourhood Care

We have been working with a Community Reference Group in rural Stirling South West, known as the Balfron Neighbourhood Care Group. This group, made up of local people involved in care, volunteering and representatives from local Community Councils, has been advising the development of the Models of Neighbourhood Care team and has been actively considering ways to keep older adults safe and healthy. This has included local dementia friendly awareness events, the support of lunch clubs and walking groups and considering gaps in services within each rural area. The group allows for a partnership between formal health and care services and informal supports within communities that promote well-being particularly for older adults. Local people advise they feel more connected to issues about care.

#### Unpaid Carers

Unpaid carers have been involved in co-producing our Carers Strategy and have been active in developing our approaches to meet the outcomes of unpaid carers under the requirements of the Carers (Scotland) Act 2016 which was implemented on the 1<sup>st</sup> April 2018. The Act has provision to identify and support carers. The developments so far have included:

- Developing an adult carer support plan for adult carers
- Improve ways to identify carers
- Development of a short break statement

Unpaid carers have told us that support to continue in their role is important to them, and there is a need to improve respite opportunities with better access to Self-directed Support.

#### Third Sector Supports

There are many areas of activity across the Partnership to support people by building community resilience via the Third Sector. We have employed a Third Sector Engagement Officer via our Third Sector interfaces, who seeks opportunities to connect communities and support them in developing projects and initiatives which promote well-being and reduce inequalities.

### What we will do

- We have developed a Carers Strategy and will work with unpaid carers to support them in their invaluable role by implementing this in full
- There are greater opportunities to support care and connected communities with the Third Sector to reduce isolation and loneliness of older adults. The neighbourhood care model will be expanded to other localities, linked to GP clusters
- Communities depend on good quality housing options for everyone, and we will expand housing with care opportunities across all localities.

The Carers Strategy for the Partnership is available on our [website](#)

**'Support and empower unpaid carers, third sector and communities'**



# Mental Health

## What matters

Scotland's Mental Health Strategy calls for parity of esteem with physical ill health. Services across the partnership are working to ensure that people accessing services for support with mental health problems do not experience a lesser service than those accessing support for physical ill health.

## What we are already doing

Over the past three years there have been significant changes in how we deliver Mental Health Services with redesign of existing teams and additional resources to meet the increasing demands on service. There is now a joined up, 24/7 Mental Health Assessment Services based in FVRH which also fields calls for people calling NHS 24 with Mental Health Concerns. This helps deliver a seamless journey for patients and supports multi-professional collaboration with Primary Care Colleagues. Advanced Practice roles have been scoped and will provide key elements of Mental Health Services in the future.

The partnership has also begun engaging on the strategic commissioning of Third Sector Mental Health Services. This work is invaluable in ensuring cohesive working between all partner organisations delivering care and providing access to support.

A redesign of Psychological therapies has improved the efficiency of the referral process and ensures that communication with referrers and patients is effective.

A Suicide Prevention Plan is being produced to ensure that this worrying pattern is effectively tackled within communities and with individuals. This will be done in line with the national Suicide prevention action plan: every life matters.

## What we will do

- We will implement the commissioning strategy of Third Sector Mental Health Services to ensure improved joined up working across our Partnership.
- There will be further group efforts to support those in high need with Primary Care, Police and acute services. This will improve outcomes for people using mental health services, and reduce reliance on emergency care.



MH STRTAEGY  
2017-27.pdf

## Dementia Friendly Communities

*Across Stirling and Clackmannanshire new community-based groups have been established, with a focus on being dementia friendly. Being 'dementia-friendly' means people living with dementia, and their loved ones are included, especially in choices and planning. This means their ideas and preferences are taken into account, and then plans and activities are suited to what people want, like and enjoy.*

*Dunblane and Clackmannan have been involved in this way of listening and organising, with co-operation and collaboration between people from various community groups, including schools, churches, businesses, development trusts, community councils and the health centres. These two communities are unique in their own ways, however they have a new similar factor which is evident in their regular community activities where children, teenagers, retired people and many older adults meet up in local venues with volunteers and do things they enjoy together, with good outcomes for everyone. Sharing memories is a regular part of these happy times, with music, pictures, games and*

## Supporting People Living with Dementia

### What matters

Scotland's third National Dementia Strategy moves away from a healthcare model and places more emphasis on people being supported to live well within their own communities following a diagnosis of dementia, as well as reducing the amount of time people with dementia spend in a hospital environment.

There is also an emphasis on the importance of good quality post diagnostic support and the impact this can have on outcomes for people with dementia. It is therefore important that all people newly diagnosed and beyond, as well as their carers, have access to support that suits their needs.

### What we are already doing

The Health and Social Care Partnership is working to ensure that services delivered to people with dementia are as seamless as possible and that people get access to the right support at the right time.

We know that people with dementia wish to remain at home for as long as possible and ensuring that people with dementia and their families remain included in their communities, and in society more generally, should be the 'norm'. Dementia Friendly community groups are established within the partnership with the aim of working with local businesses and service providers to raise awareness of dementia and what role they can play in supporting individuals and their carers. Work is also being explored with primary care and community teams to try and reduce the number of avoidable admissions to hospital where possible. When people do have to be admitted to hospital the aim is that they are cared for in a person centred manner, in an appropriate environment, by staff who are knowledgeable in this area and that length of hospital stays are minimised.

The Bellfield Centre in the Health and Care Village includes the 'Castle Suite' which is an intermediate care environment designed to support people with dementia and provide a specialist assessment either as an alternative to a hospital admission or as a 'step down' from hospital.

Post diagnostic support for people diagnosed with dementia is an area we need to improve our performance on and this has involved reviewing the current system and processes. The plan is to have an integrated team comprising of Nursing, Social Work and Alzheimer's Scotland Staff. This will form the Dementia Outreach Team (DOT) which will provide support from the point of diagnosis right through the journey for people with dementia and their carers.

### What will we do

- Develop a Forth Valley Health and Social Care Dementia Strategy which will highlight future priorities for focus over the next 3 years
- Continue to progress the redesign of services in order to provide post diagnostic support to people with a diagnosis of dementia in a multi-professional way which meets the individual needs of the person and their carers
- Spread dementia friendly community work to all areas within the partnership with the Third Sector

'Social isolation and loneliness really important issue, especially for people affected by dementia'

## Alcohol and Drugs

### What matters

We have learned from examining our data that we have high numbers of people who are passing through many of our partnership services and perhaps have not had their needs fully met, we intend to stop the “revolving door” situation, improve outcomes and treatment retention rates for those people with complex social and health issues who require support, as do their families.

We intend to increase awareness of the recovery capital and opportunities for recovery support that exists in Clackmannanshire and Stirling. We have one of the most successful Recovery Communities/ Recovery Cafe Networks in Scotland in our partnership.

### What we are already doing

In Clackmannanshire and Stirling we have very good track record of delivering against the National Quality Principles for Substance Services (Health and Social Care Standard) Our services underwent a review by the Care Inspectorate in 2016 and were considered to be performing well. Since then we have delivered against the key improvement areas that arose from this work, which are laid out within the ADP Service Improvement Plan.

We perform very well against the Alcohol and Drug Partnership / NHS national target which measures the waiting time for people accessing Drug and Alcohol Services; we demonstrate excellent performance against the Alcohol Brief Intervention (ABI).-NHS Local Delivery Plan Standard.

### What we will do

We intend to work jointly with the Clackmannanshire and Stirling ADP to deliver outcomes for our community and relieve the burden of alcohol and drugs related harm, together, across the partnership. Our Alcohol and Drug Partnership will revise their local delivery plan to support the objectives and strengthen our joint governance arrangements to align our reporting.

We have a role to support other our partners to ensure that we educate the wider population on the harms associated with substance use as part of our prevention strategy. We will work with Educating partners within the setting of school, college, university and workplace to promote reduced consumption of alcohol and drugs.

There is a need to widen knowledge and awareness of substance use within all of our services within the partnership and to improve routes for referral between services. We will ensure that the revised pathway is marketed appropriately to social care / health staff for to increase the treatment ratio levels across the life stages for those with substance use problems. This will include a focus on older adults and the impact of alcohol misuse within the home. We plan to deliver a programme entitled “Older and Wiser,” which is focussed on substance use of older adults. This programme will be delivered to all social care and health staff across the partnership.

Additionally, transitional support for older adults who have long term substance use histories will be improved, ensuring better routes to recovery are maximised for people with an Alcohol Related Brain Injury.

Through a thorough review of our commissioning arrangements for those who require at home or residential / day care , we will ensure that appropriate therapeutic/ rehabilitative interventions are in place within care homes/ residential / day care settings to support recovery and improve the quality of life of those affected.

Over the life of the Strategic Plan we will implement the new national drug and alcohol information system (DAISy) this will allow us to track performance and outcomes data for people who are on their recovery journey.

[ADP Needs Assessment](#)

# Enabling Activities

Technology Enabled Care

Workforce Planning and  
Development

Housing/Adaptations

Infrastructure



## Enabling Activities Technology Enabled Care

### What matters

It is expected that analogue phone lines will be replaced with digital technologies by 2025. This will have a significant impact on Telecare Services, which are currently reliant upon analogue phone lines. To address this, the Scottish Government TEC Programme and Digital Office have developed a workstream specific to the needs of Telehealthcare Services, which is using an Agile approach to identify new and innovative ways in which digital technology could support people to live well in their communities.

Full opportunities for digital technologies will only come with what is described as “end-to-end” systems i.e. when the Alarm Receiving Centre operates on a superfast broadband network as well as the base equipment used by the service user.

### What we are already doing

Technology Enabled Care (TEC) can be used successfully to support people with care needs and those that care for them, to have greater choice and control over their own lives; and enable them to live well in their own homes for longer with greater independence and safety, while reducing the need for unplanned or over care.

We have seen a net increase across the partnership in people accessing technology to support them with their care needs, with key achievements of:-

- Increased provision of basic Telecare community alarm units.
- Increased provision of monitoring equipment such as falls monitors, smoke and heat detection, front door contacts etc.
- Testing of digital technologies.
- Increased use and awareness of GPS technologies to support people living with dementia to remain safe in their own homes.
- Improved referral pathways have been developed with Scottish Fire and Rescue Service to promote access to Home Safety Visits, including information sharing to support people to keep safe.
- Testing of improved referral pathways with Scottish Ambulance Service to support the care needs of uninjured fallers in the communities.

### What we will do

- The partnership will build on these developments to invest in digital technologies which modernise services for adults. This will support people to manage their conditions better, and connect to health and care, as well as to their communities
- The response team will be reviewed in line with the priorities to support more people Closer to Home
- The use of digital technologies with Independent and Third Sector colleagues will be expanded upon



Strategic Map 12th  
January 2017.pptx

#### Prevention through partnership working

The Partnership is represented at the Community Falls and Bone Health Group which has led to the development of a Non- Injured Fallers Pathway with Scottish Ambulance Service. This supports the use of social care responses to people who have fallen but are not injured, reducing unnecessary admissions to hospital. Scottish Fire and Rescue have worked with us and our colleagues in Public Health to identify pathways for people who use mental health services, as well as older adults using our Technology Enabled Care Service, encouraging home safety visits. These help people to reduce their risk of fires, but also other safety aspects in their homes.



## Enabling Activities

### Workforce Planning and Development

#### What matters

The following statements reflect the strategic intention for the development of the workforce across the Clackmannanshire and Stirling Partnership.

- Through an approach of caring together, we will ensure a workforce that is fit for the future of Health and Social Care.
- We will create workforce development plans that ensure the availability of a flexible, responsive workforce with the right skills, in the right place and at the right time to help ensure that our service users get the right level of support early enough to deliver on our strategic outcomes.
- We will ensure our workforce feels engaged with the work they do and are supported and empowered to continuously improve the information, support, and care and treatment they provide.
- At the heart of the care and support provided will be a culture of collaboration putting the service user at the centre and creating connections between partner organisations to share skills, knowledge and resources to deliver improved services and outcomes.
- We will ensure that our workforce delivers best value, making the best use of available resources within an environment that strives for quality, efficiency, safety and integration at every opportunity.

#### What we are already doing

At a local level, Clackmannanshire and Stirling Councils and NHS Forth Valley are building on existing common working practices to put in place robust arrangements with the aim of providing better, more integrated adult health and social care services. The Partnership knows that the workforce is the single most important resource in delivering high quality services and the transformation required to ensure the delivery of the Scottish Government 2020 Vision for Health and Social Care.

The ever changing nature of these services is complex and challenging. Clackmannanshire and Stirling Councils and NHS Forth Valley, in collaboration with partners and stakeholders seeks to ensure that the health and social care workforce of tomorrow, both paid and voluntary, are knowledgeable and skilled and able to respond to changes that the sector demands. The full benefits of integration of health and social care services can only be realised when services appear seamless from the perspective of users and carers. Successful workforce planning is pivotal to this.

#### What we will do

- We will review our Workforce Plans in light of guidance from Scottish Government and the Ministerial Strategic Group to ensure that they are meaningful and reflect the ethos of collaboration across the whole system.

The Workforce Plan for the Partnership is available on our [website](#)

## Enabling Activities

### Appropriate Housing/Adaptations

#### What matters

In our consultations, people told us that good quality housing was important to them. When someone is faced with disability or frailty, they can find their home is unable to meet their needs. Appropriate adaptations to their home (both minor and major) can support someone to live more independently.

Meanwhile, there is an identified need for more appropriate ranges of housing with care for all care groups and ages across communities. To successfully achieve place based care and support in people's own communities, a range of housing options are required.

This not only provides the opportunity for people to live well within their own community, it allows for safe and effective development of care closer to home, reducing travel and "down time" of care providers, and maximising the time that can be offered in supporting people in meeting their identified outcomes.

#### What we are already doing

The Partnership is working closely with Housing services in both Clackmannanshire and Stirling Council. In developing a new Housing Contribution Statement for 2019-2022, there are aspirations that this relationship will develop further, with a focus on place based care and support within local communities.

Overall, to achieve improved outcomes across the population it is important that Integration Authorities and Strategic Housing Authorities work closely together on key aspects of housing support including:

- Assessing the range of housing support needs across the population and understanding the link with health and social care needs;
- Identifying common priorities that are reflected in both the Local Housing Strategy and Strategic Plan;
- Identifying and making best use of resources to meet the housing support needs of the local population.

An innovative approach has been taken in developing a new housing with care model within the town centre of Alloa, with construction taking place over 2019/20. This development has been done in collaboration with Housing colleagues, and Stirling University, along with the Contractor, and will provide opportunities for people to live and access the town centre as well as other local amenities and services.

The Housing Contribution Statement of Clackmannanshire and Stirling Councils is available on our [website](#)

#### What we will do

- Housing with Care should reflect the needs and expectations of communities. We will develop these in collaboration with our housing, independent and Third Sector colleagues
- Adaptations to people's home can act as a prevention to needing higher resourced services. This service will be reviewed to ensure that it is responsive to need

##### Technology Enabled Care

The Technology Enabled Care Service has worked closely with other partners to ensure a service that offers service users ways to use technology to manage their own care safely at home.

The service has been working closely with Third Sector and Independent providers of care at home and in care homes. We have worked to raise the profile of Technology Enabled Care and worked with assessment teams in the community and in hospitals to ensure Technology Enabled Care is used initially instead of being used at the end of an assessment. This is described as a "**Tec first approach**". Awareness sessions and open days have also taken place to support unpaid carers and advise them of the benefits of Technology in

## Enabling Activities Infrastructure

### What matters

Through our governance structure, and supported by a robust Clinical and Care Governance mechanism, we can ensure that services are safe, that we minimise risk and that we learn from any mistakes which occur.

Regular monitoring of a range of performance indicators - benchmarked against comparable Partnerships - helps us to identify trends and potential issues, and to assist with management decisions about the ways in which services are delivered and resources allocated.

ICT systems which are functional and reliable can free up staff time to spend with our service users, and information sharing between Partner organisations creates smoother pathways for the users of our health and social care services. New technology can support people to remain independent at home, maintaining greater control and choice over their wellbeing and support.

### What we are already doing

#### **Governance**

The Integration Joint Board (IJB) for Clackmannanshire and Stirling Health and Social Care Partnership is made up of representatives from Clackmannanshire Council, Stirling Council, NHS Forth Valley, Third Sector representatives, service users and carers. The Integration Joint Board, through its Chief Officer, will have the responsibility for the planning, resourcing and the operational oversight of a wide range of health and social care services.

The IJB has established two sub committees: the IJB Audit Sub Committee, and the IJB Finance Sub Committee to help fulfill its statutory responsibilities.

#### **Clinical and Care Governance**

The Forth Valley Clinical and Care Governance Framework (CCGF) is an overarching framework in place across two Integrated Joint Boards (IJBs) in Forth Valley – Clackmannanshire & Stirling, and Falkirk. The framework describes the process that provides assurance to the IJBs that high quality, safe care in respect of the functions described in the IJBs Integration Schemes is consistently delivered.

#### **Performance**

Our performance management framework is an important delivery mechanism for ensuring quality improvement and safe and effective care. It describes governance and accountability and the review of priorities that is part of ongoing management and decision making which is aligned to local, regional and national planning priorities determined through the planning process.

#### **ICT**

Huge advances in technology in over the past five years have brought about significant changes in the way we support and care for our service users. This is described more fully in the Technology Enabled Care section of this Plan.

The next steps will concentrate on moving the agenda further into the digital setting, making sure that our systems are safe and secure and that our infrastructure is resilient, using shared systems across the Partnership where possible.

There is a need to replace our social work systems, and to ensure that these are fit for integrated working. A replacement social work information system will be commissioned which will be fully accessible across the whole system, and will promote real time and remote working.

### What we will do

- Single systems working which integrates teams, resources and information will be developed to meet the priorities of our localities and communities. This will include improving management systems, and enabling staff to work in a single system
- Continue to closely monitor and review our performance and report on this in ways which support benchmarking with others to promote best practice and learning

[Clinical and Care Governance Framework](#)

[Performance Management Framework](#)

[Digital and eHealth Strategy 2018 – 2022](#)

## How will we know we have been successful?

As well as reporting annual on performance against the national outcomes, we have identified a range of positives to measure success.

---

### Outcomes for People

- People are more informed and empowered to take control of their own health
- People receive the right support from the right person / service at the right time
- People are involved in and make decisions about care and support
- Improved access to local community based supports
- Reductions in isolation and loneliness
- Admissions to hospital will be reduced
- People are safer via remote monitoring
- People will have confidence in the services they receive
- People are able to live in their communities

### Outcomes for the Workforce

- Improved shared skills and experience
- Positive working environment
- The workforce have the knowledge, skills and confidence to fulfil their roles
- Job satisfaction is high and recruitment and retention is improved
- Development of personal leadership and job satisfaction
- Improved knowledge of community networks
- A digitally competent workforce
- Improved workforce experience
- Staff will be able to access the necessary learning and development to make the most of their skills and knowledge
- Staff will be able to work collectively to develop cultures to shared learning and competence
- Efficiency of access to deliver care
- Safe environments to work within

### Outcomes for the System

- Reduced delays in discharge from acute hospital settings
- Variations and Delays in care and support are minimised
- People are able to stay at home for longer
- Waiting times targets are adhered to.
- Waste and inefficiency is minimised
- The system is data rich
- People remaining at home for longer resulting in less dependency on 24 hour care facilities
- Reduction in avoidable presentations to/stays in hospital
- Efficiencies in use of time and resources
- Reduction in “over-care”.
- The organisation will have robust and safe services, retaining skills knowledge and experience
- There will be meaningful succession planning
- Place based care can be supported

## Glossary

Accident & Emergency (A&E) Services	Emergency Departments (Forth Valley Royal Hospital Larbert); Minor Injury Units (Stirling Community Hospital), community A&Es or community casualty departments that are GP or nurse led. See also Emergency Department (ED).
Acute services	A branch of 'secondary' health care where a patient receives short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery.
Admission	Admission to a hospital bed in the same NHS hospital following an attendance at an Emergency Department service.
Admission rate	The standardised figure representing the number of admissions attributed to a group or region divided by the number of people in that group (the population).
AHP	Allied Health Professionals are a range of professionals who provide preventative interventions. They can include; Dietitian, Occupational therapist, Physiotherapist, etc. More information can be found in this link <a href="http://www.gov.scot/Topics/Health/NHS-Workforce/Allied-Health-Professionals">http://www.gov.scot/Topics/Health/NHS-Workforce/Allied-Health-Professionals</a> .
Anticipatory Care Plan (ACP)	For individuals, particularly those with long term conditions, to plan ahead and understand their health to help have more control and to manage any changes in their health and wellbeing. It's about knowing how to use services better, helping people make choices about their future care.
Attendance	The presence of a patient in an A&E or ED service seeking medical attention.
Attendance rate	The number of attendances attributed to a group or region divided by the number of residents in that group (the population).
Balance of Care	Shifting the Balance of Care describes changes at different levels across health and care systems, all of which are intended to bring about better health outcomes for people, provide services which reduce health inequalities, promote independence and are quicker, more personal and closer to home.
Benchmark	A benchmark is a standard or point of reference against which other things can be compared.
CAB	Citizens Advice Bureau
Census	An agreed date to take a snapshot count to measure agreed information e.g. Annual Care Home Census on 31 March and the monthly Delayed Discharge Census on the last Thursday of every month.
CCHC	Clackmannanshire Community Healthcare Centre
CPP	Community Planning Partnership (Stirling), Clackmannanshire's CPP is called the Alliance.
COPD	Chronic obstructive pulmonary disease (lung disease).
Delayed Discharge	A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons.
Discharge to Assess	'Discharge to Assess' approach supporting people to leave hospital, when safe and appropriate to do so, and continuing their longer term care and assessment out of hospital.
Emergency Department (ED)	The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care. 4 hour wait standard - is that new and unplanned return attendances at an ED service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care.
Enablers	These are people or things that help to make something happen.
GP Cluster	A grouping of GP practices who work together to discuss the quality of care provided to patients in the locality. Each GP cluster will have a GP designated as a Cluster Quality Lead who will have a coordinating role within the cluster.
Health and Social Care Integration	Integrating health and social care services has been a key government policy for many years. <a href="#">What Is Integration? - short guide Clackmannanshire and Stirling Health &amp; Social Care web page</a>
High Health Gain	The term used for the group of people who collectively account for 50% of the total health expenditure of their local area during the financial year.
Holistic	A holistic approach looks at the "whole" person, not just individual parts.
ICF	Integrated Care Fund. Additional resources available to health and social care partnerships to support delivery of improved outcomes from integration help drive the shift towards prevention and tackling inequalities. <a href="http://www.gov.scot/Resource/0046/00460952.pdf">http://www.gov.scot/Resource/0046/00460952.pdf</a>
iHub	Healthcare Improvement Scotland's Improvement Hub (iHub), supports health and social care organisations to redesign and continuously improve services. <a href="https://ihub.scot/about/who-we-are/">https://ihub.scot/about/who-we-are/</a>
In Scope	Services that are delegated to the Partnership <a href="#">Integration Scheme</a>
Integration Joint Board (IJB)	A legal body established under the Public Bodies (Joint Working) (Scotland) Act 2014. The Parties to our IJB are Clackmannanshire and Stirling Councils and NHS Forth Valley. The Parties agreed the Integration Scheme for our Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the IJB.

Intermediate Care/STA	An umbrella term used to describe services which provide a bridge between health and social care with the aim of supporting people to live in their own homes, or in a homely setting, reducing dependence on acute hospital facilities.
iMatter	A staff experience continuous improvement tool <a href="http://www.staffgovernance.scot.nhs.uk/monitoring-employee-experience/imatter/">http://www.staffgovernance.scot.nhs.uk/monitoring-employee-experience/imatter/</a>
ISD	The Information Services Division (ISD) is a division of National Services Scotland, part of NHS Scotland and provides health information, statistical services and advice to support the NHS in progressing quality planning and improvement in health and care. <a href="http://www.isdscotland.org/">http://www.isdscotland.org/</a>
LDP	Local Delivery Plan standards for NHS <a href="http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/NHS-Performance-Targets">http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/NHS-Performance-Targets</a>
Locality Planning	A locality is defined in legislation as a smaller area within the borders of an Integration Authority – their purpose is to provide an organisational mechanism for local leadership of service planning.
MECS	Mobile Emergency Care Service <a href="https://www.clacks.gov.uk/social/mecs">https://www.clacks.gov.uk/social/mecs</a> <a href="https://my.stirling.gov.uk/services/housing/adapting-homes/telecare">https://my.stirling.gov.uk/services/housing/adapting-homes/telecare</a>
MSG	Ministerial Strategic Group for Health and Community Care agreed an initial framework for measuring progress against national priorities. <a href="http://www.gov.scot/Publications/2016/03/4544/5">http://www.gov.scot/Publications/2016/03/4544/5</a>
NI	National Indicator. In this case, the suite of National Core Integration Indicators set by the Scottish Government to help measure performance. <a href="http://www.gov.scot/Resource/0047/00473516.pdf">http://www.gov.scot/Resource/0047/00473516.pdf</a>
Palliative Care	For people with an illness that can't be cured, palliative care makes them as comfortable as possible, by managing pain and other distressing symptoms. It also involves psychological, social and spiritual support for the person and their family or carers.
Primary Care	The first point of contact for health care for most people, mainly provided by GPs (general practitioners) but community pharmacists, opticians and dentists are also primary healthcare providers.
RAG	Is a quick visual way of identifying areas of concern or progress that is good, not so good, or poor. It refers to the use of colours Red Amber Green.
Reablement	Services for people with poor physical or mental health to help them accommodate their illness, by learning or re-learning the skills necessary for daily living.
Readmission	This indicator measures the percentage of admissions of people who returned to hospital as an emergency within 30 days of the last time they left hospital after a stay.
SAS	Scottish Ambulance Service
Self Directed Support (SDS)	This gives people choice and control over their individual budget which helps to buy services, such as help with dressing and personal care, to help meet agreed health and social care outcomes. <a href="http://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr_170824_self_directed_support_summary.pdf">http://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr_170824_self_directed_support_summary.pdf</a>
SSSC	The Scottish Social Services Council (SSSC) is the regulator for the social service workforce in Scotland.
Technology Enabled Care (TEC)	Technologies which have the potential to transform the way people engage in and control their own healthcare, empowering them to manage it in a way that is right for them.
Telecare	Telecare is technology to help people to stay living independently at home for longer.
Third Sector	An umbrella term for a range of organisations belonging to neither the public nor private sectors (e.g. voluntary sector or non-profit organisations). <a href="http://ctsi.org.uk/">http://ctsi.org.uk/</a>
Transformation Care Fund	Primary Care Transformation Fund - allocated over three years to GP practices to prototype the new vision for the GP contract, including those wishing to use new ways of working to address current demand. This work will inform the design of primary care in the future. <a href="https://news.gov.scot/news/primary-care-investment">https://news.gov.scot/news/primary-care-investment</a>
Unscheduled Care	NHS care which is not planned in advance, or is unavoidably out with the core working period of NHS.
Website	Clackmannanshire & Stirling HSCP <a href="https://nhsforthvalley.com/about-us/health-and-social-care-integration/clackmannanshire-and-stirling/">https://nhsforthvalley.com/about-us/health-and-social-care-integration/clackmannanshire-and-stirling/</a>



## Development of this Strategic Commissioning Plan

### Consultation and Engagement process

The Strategic Plan was developed as a result of a series of engagement events held during late 2018 and early 2019, including:

- Open public events in each of our Localities
- Clackmannanshire and Stirling Public Partnership Forums
- Various community interest groups
- Various staff meetings

This was followed by a public consultation survey which ran between 11 February and 8 March 2019.

The process undertaken to develop the Strategic Plan has been underpinned by the Partnerships desire to ensure the participation and engagement of all stakeholders, and the resulting comments have shaped the final version of the plan.

A report outlining the results of the consultation process will be made available on the Clackmannanshire & Stirling Integration website.

### Next Steps

The Strategic Plan for the Clackmannanshire & Stirling Partnership is based on a Strategic Needs Assessment and draws on a range of existing initiatives and plans which are consistent with the vision and outcomes for the Partnership.

The Strategic Needs Assessment along with the National Outcomes, the Housing Contribution Statements for Clackmannanshire and Stirling Councils, the Performance Framework, and each of the supporting delivery plans (in the form of the various strategies which are hyperlinked within this document) all form part of the Strategic Plan.

During the life of the Strategic Plan further work will be carried out to develop the detailed priority and implementation plans; the three Locality Plans; and a review of our Market Facilitation Plan.



## **Legislative and Strategic Context**

This plan is written within a wider context of health and social care reform in Scotland. Primarily, the Integration Joint Board for Clackmannanshire and Stirling has been established under the Public Bodies (Joint Working) (Scotland) Act 2014, with further legislative and policy requirements informing how the IJB directs services.

National	Local
<ul style="list-style-type: none"><li>•The Public Bodies (Joint Working) (Scotland) Act 2014</li><li>•The Social Care (Self-directed Support) (Scotland) Act 2013</li><li>•Community Empowerment (Scotland) Act 2015</li><li>•Equality Act 2010</li><li>•Alcohol, Drug and Tobacco Strategies</li><li>•Carers (Scotland) Act 2016</li></ul>	<ul style="list-style-type: none"><li>•Joint Strategic Commissioning Plan for Older People's Care 2013-2023</li><li>•Autism strategy</li><li>•Mental Health strategy</li><li>•Dementia Strategy</li><li>•Clackmannanshire and Stirling Integrated Carers Strategy implementation Plans</li><li>•Clackmannanshire and Stirling Integrated Care Programme</li><li>•NHS Forth Valley 'Shaping the Future' Healthcare Strategy 2016-2021</li><li>•Forth Valley Primary Care Improvement Plan 2018-2021</li></ul>

### **Carers (Scotland) Act 2016**

This legislation provides a framework to support unpaid carers with the support they require to continue in their caring role if they wish to do so. It has a range of new provisions relating to the identification, assessment and support of unpaid carers, while promoting well-being through carer support plans. More information on this legislation can be found at:-

### **Community Empowerment (Scotland) Act 2015**

This new legal framework for community planning gives rights to community bodies, and requires the publication of Local Outcome Improvement Plans (LOIPs) via community planning partnerships. There are consistent messages within both LOIPs of Clackmannanshire and Stirling to support the need for partnership approaches to effectively tackle inequalities in society. This plan is mindful of the need to reduce inequalities and promote lifestyles and choices which are conducive to good health.

[Stirling Council Local Outcomes Improvement Plan \(LOIP\) 2017-2027](#)

[Clackmannanshire Council Local Outcomes Improvement Plan \(LOIP\) 2017-2027](#)

### **Free Personal Care for under 65's**

The Scottish Government has committed to the extension of free personal care to all under 65's regardless of condition from 1 April 2019. The extension of the previous policy will have implications which will be reflected within the Medium Term Financial Plan for the Integration Joint Board, as well as assessment and review implications to ensure appropriate delivery and access to this policy.



## **[A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections](#)**

The Scottish Government published its first strategy to tackle isolation and loneliness in December 2018. This document establishes a set of values within which all people are treated with kindness, dignity and compassion.

## **[Public Health Priorities for Scotland](#)**

The Public Health Priorities for Scotland were launched in June 2018 by the Scottish Government and COSLA. These priorities were developed through a process of extensive consultation and reflect a consensus on the most important things Scotland as a whole must focus on over the next decade to improve public health and address health inequalities. They are intended as a foundation for public services, Third Sector, community organisations and others to work better together to improve health, address health inequalities, and empower people and communities to support more preventative approaches.

**[The 6 Public Health Priorities](#)** resonate with the vision of Clackmannanshire and Stirling Health and Social Care Partnership to live well in supportive communities, and there is a need for the Partnership to work closely with colleagues in Public Health to develop preventative approaches which are sustainable and socially inclusive.

## **[Scotland's Digital Health and Care Strategy](#)**

This strategy was published in 2018 and addresses the potential of digital technologies in supporting people to live better, connected lives, while accessing their health and care supports in new, innovative ways. The two main aims of this strategy are to empower citizens to better manage their health and well-being, while building appropriate systems and governance which support the effective flow of information between and within services to enable the transformation of health and social care.

## **[Clackmannanshire & Stirling Health and Social Care Partnership webpage](#)**

**[First Iteration of HSCP Strategic Plan](#)** 2016-19: The Strategic Plan sets out how services will be delivered across Clackmannanshire and Stirling over this three years period. It explains what the Partnership's priorities are, why and how they were decided upon.

**[Strategic Needs Assessment](#)**– **Add hyperlink once SNA approved**

**[NHS Forth Valley Dementia Strategy, 2017-2020](#)**: This is a three year strategy which aims to continually improve the care and experience of people with dementia across Forth Valley. Its shared vision is that by 2020 NHS Forth Valley will be a 'Dementia Friendly' community recognised as delivering safe, effective and person centred care for the population of Forth Valley. NHS Forth Valley's Healthcare Strategy (2016-2021) supports people with dementia by identifying the need for enhancement of community based services as well as psychiatric liaison services for older adults in the hospital.

**Shaping the Future – Healthcare Strategy 2016-2021:** The strategy was developed following a major review of clinical services across Forth Valley. It outlines ten key priorities which will guide how local health services will be delivered across Forth Valley over the next five years. These are prevention, person-centred, inequalities, personal responsibility, closer to home, partnership working, planning ahead, minimising delays, reducing variations and workforce.

**The effectiveness of strategic planning in the Clackmannanshire and Stirling Partnership**

Following an inspection jointly undertaken by the Care Inspectorate and Healthcare Improvement Scotland between January and June 2018, their findings were published in a report in November 2018. The report notes areas of good practice and makes recommendations on how the HSCP can move forwards more effectively and efficiently with the integration of Health and Social Care.

**Health and social care integration: update on progress**

In November 2018, Audit Scotland published a report suggesting that while some improvements have been made to the delivery of health and social care services, Integration Authorities, councils and NHS boards need to show a stronger commitment to collaborative working to achieve the real long term benefits of an integrated system

**Health and Social Care integration: progress review**

In February 2019, a report was issued from the Ministerial Strategic Group for Health and Community Care, which reviewed the progress and drew together proposals for ensuring the success of integration.

**Health and Care Standards** Scotland's new Health and Social Care Standards – my support, my life, were published in June 2017, for use from April 2018. These standards seek to provide better outcomes for everyone using health and social care services in Scotland, ensuring that a human rights approach is in place to uphold individual respect and dignity.

**Suicide prevention action plan: every life matters** is the new action plan from Scottish Government designed to continue the work from the 2013-2016 suicide prevention strategy.



# Clackmannanshire and Stirling Health and Social Care Partnership

## Strategic Needs Assessment - Focused Update

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# 1 Introduction

On 1<sup>st</sup> April 2016 Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) published its first strategic plan to cover the period 2016-2019. The plan set out how the partnership intended to meet the current needs of the population as well as considering projected population changes. A key theme throughout was making the best of resources to deliver efficient and effective health and social care.

In order to support the production of the plan a [strategic needs assessment](#) was produced to provide an understanding of the health and care needs of the local population. The needs assessment was extensive and covered a wide range of topics including demographics, life circumstances, risk factors, population health and service provision. The needs assessment was finalised and published a long side the strategic plan in April 2016 and although many of the data sources will have been updated the key messages will remain relevant given only a short period of time has passed. With that in mind this iteration of the needs assessment is designed to be a more focussed update to sit a long side the original document to support the next iteration of the strategic plan.

After discussion with the Strategic Planning Working Group (SPWG) it was agreed that the needs assessment would fill a number of gaps previously identified from the last iteration (i.e. Adult Support and Protection, Prescribing, Blood Borne Viruses, Autism, Neurological Conditions, Transitions and Suicide) as well as focussing on the following areas:

- The population
- Unscheduled Care
- Delayed Discharges
- Care at Home
- Residential Care
- Respite Care

Information is presented at different geographical levels (Partnership, local authority, locality) dependent on the source of the information. For some areas information is only provided at local authority level.

## 1.1 Key Documents & Strategies

The needs assessment work covers a wide range of topics and service areas. However, it cannot be and does not claim to be extensive within each area. Some service and topic areas will have detailed strategies and needs assessments and this section aims to outline other key local documents that sit alongside the needs assessment work of the Health and Social Care Partnership and should help inform the strategic plan. Key documents include:

[First Iteration of HSCP Strategic Needs Assessment](#): This provided a comprehensive description of health and social care data relevant to Clackmannanshire & Stirling Health & Social Care Partnership and supported the development of the Strategic Plan.

[First Iteration of HSCP Strategic Plan](#) 2016-19: The Strategic Plan sets out how services will be delivered across Clackmannanshire and Stirling over this three year period. It explains what the Partnership's priorities are, why and how they were decided upon.

[Clackmannanshire & Stirling HSCP Locality Profile:](#) This presents a picture of current need and demand in the three localities. The information should inform discussion for the localities and support further analysis to inform the operational impact of decisions and planning decisions for the future.

[Market Position Statement for Clackmannanshire and Stirling, 2017-2020.](#) The purpose of the Market Position Statement is to help providers of health and social care services plan for future service delivery. It sets out key pressures, summarises current supply and expected demand and provides key messages about future priorities.

**Unpaid Carers Needs Assessment and Local Strategy:** A needs assessment was conducted to review information on carers and help to inform the local strategy. The local strategy, amongst other things, will set out plans for identifying carers and obtaining information about the care they provide, what support is available to carers, an assessment of the demand for support and plans for supporting carers.

**Specialist Housing Needs Study:** This was a study commissioned by the Partnership examining specialist housing needs focusing on Older People and Homeless Households highlighting key issues and putting forward recommendations.

[Shaping the Future – Healthcare Strategy 2016-2021:](#) The strategy was developed following a major review of clinical services across Forth Valley. It outlines ten key priorities which will guide how local health services will be delivered across Forth Valley over the next five years. These are prevention, person-centred, inequalities, personal responsibility, closer to home, partnership working, planning ahead, minimising delays, reducing variations and workforce.

**Clinical Services Review:** This was a major review of healthcare services across Forth Valley looking at eight key areas including cancer care, emergency and out-of-hours services, mental health and learning disability services, care for older people and end-of-life care, planned care, long term health conditions, women and children's services, clinical support services and infrastructure. This extensive programme helped identify several key themes and priorities reflected in the Healthcare Strategy.

[NHS Forth Valley Dementia Strategy, 2017-2020:](#) This is a three year strategy which aims to continually improve the care and experience of people with dementia across Forth Valley. Its shared vision is that by 2020 NHS Forth Valley will be a 'Dementia Friendly' community recognised as delivering safe, effective and person centred care for the population of Forth Valley. NHS Forth Valley's Healthcare Strategy (2016-2021) supports people with dementia by identifying the need for enhancement of community based services as well as psychiatric liaison services for older adults in the hospital.

**Alcohol and Drug Partnerships Needs Assessment:** An Alcohol and Drugs Needs Assessment is currently being carried out. This will help to support the local delivery plans and vision for reducing the harm caused by substance misuse across the Partnership.

**Forth Valley Primary Care Improvement Plan 2018 to 2021:** The new GP contract offer is supported by a Memorandum of Understanding which requires the development of a Primary Care Improvement Plan agreed by the NHS Board and Health and Social Care Partnerships in collaboration with GPs and



the Local Medical Committee. An agreement has been made with the two Integration Authorities (Clackmannanshire and Stirling and Falkirk Health and Social Care Partnerships) to prepare a single Primary Care Improvement Plan for the Forth Valley area. The Memorandum of Understanding identified key priorities which should be included in the Primary Care Improvement Plan: Vaccination Transformation Programme; Pharmacotherapy Services; Community Treatment and Care Services; Urgent Care (advanced Practitioners); Additional Professional Roles and Community Link Worker.

## 2 Population

### 2.1 Current Population

A key aspect of determining the need of many health and social care services is the size and age distribution of the population. The table below illustrates the population profile across the Partnership. Clackmannanshire and Stirling as a whole has an estimated population of 145,100 with Stirling accounting for 65% (93,750) and Clackmannanshire for 35% (51,350).

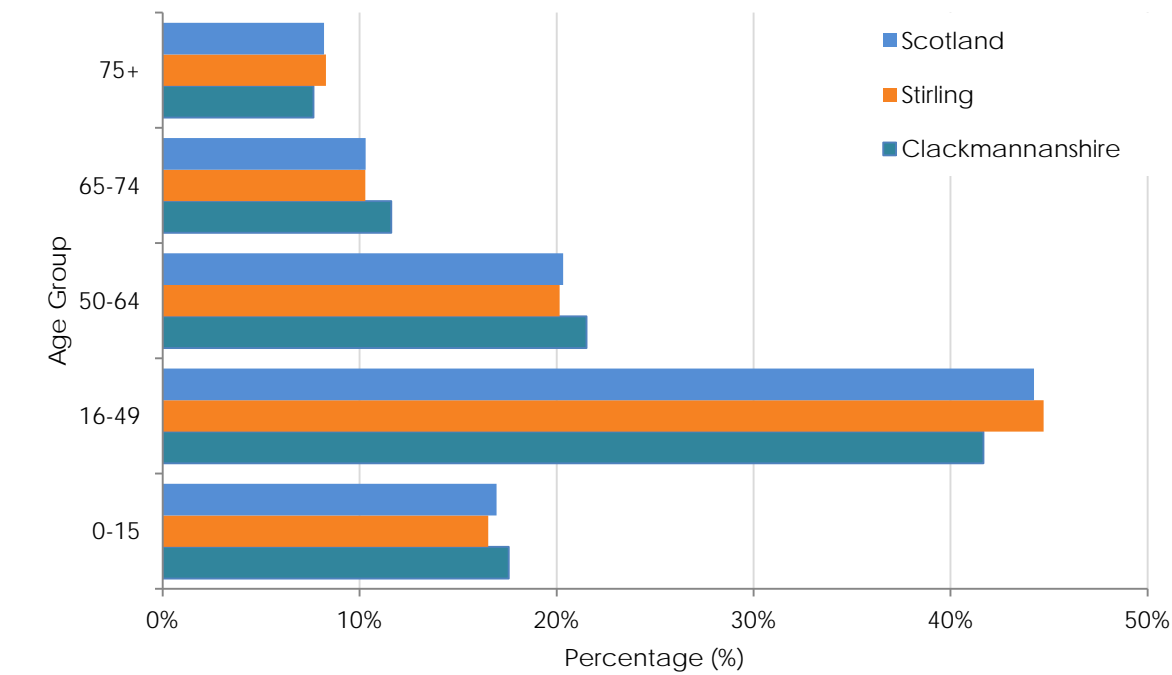
**Table 2.1a: Clackmannanshire & Stirling Population Profile, 2016**

	Clackmannanshire			Stirling			Clackmannanshire & Stirling		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
<b>0-15</b>	9,024	4,621	4,403	15,493	7,902	7,591	24,517	12,523	11,994
<b>16-49</b>	21,397	10,650	10,747	41,933	20,140	21,793	63,330	30,790	32,540
<b>50-64</b>	11,046	5,428	5,618	18,899	9,236	9,663	29,945	14,664	15,281
<b>65-74</b>	5,955	2,822	3,133	9,651	4,601	5,050	15,606	7,423	8,183
<b>75+</b>	3,928	1,646	2,282	7,774	3,202	4,572	11,702	4,848	6,854
<b>Total</b>	51,350	25,167	26,183	93,750	45,081	48,669	145,100	70,248	74,852

Source: National Records of Scotland (NRS) mid-year population estimates 2016

The figure below illustrate that the age profile in Clackmannanshire and Stirling is very similar to that of Scotland as a whole. Roughly 65% of the population are aged between 16 and 64, around 17% under 16, around 10% aged 65 to 74 and 8% aged over 75.

Figure 2.1a: Clackmannanshire & Stirling Age Distribution compared to Scotland



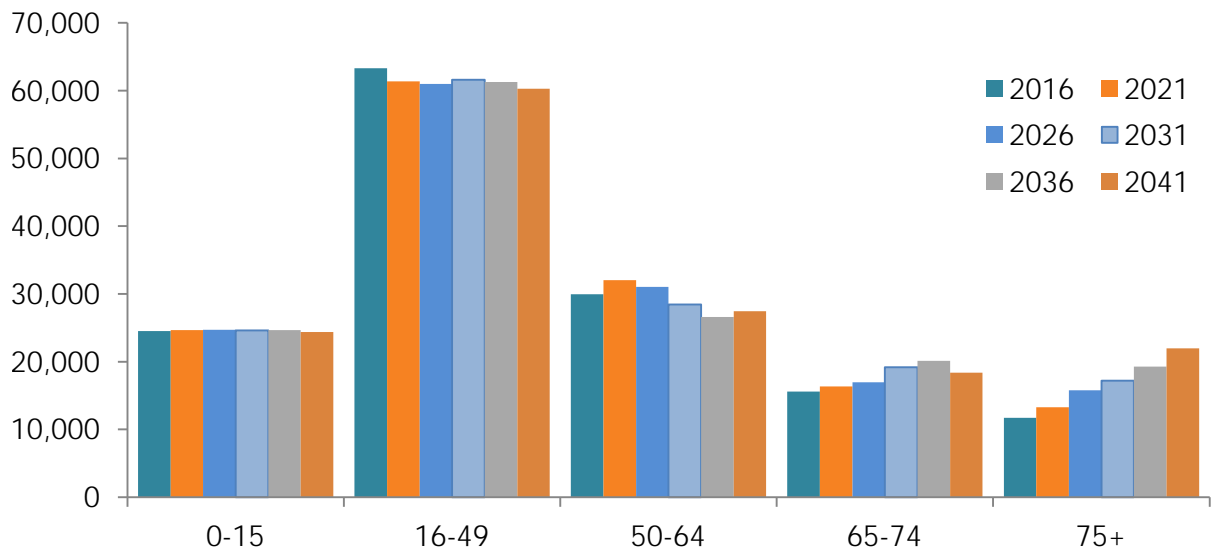
Source: National Records of Scotland (NRS) mid-year population estimates 2016

It is recognised that information on characteristics of the population such as ethnicity, religion and sexual orientation is limited, often dated, sometimes not recorded and generally not robust. Section 2 of the [initial needs assessment](#) pulls together much of the available data on population characteristics.

2.2 Population Projections

The size and makeup of the future population will be a key consideration when assessing the impact of demand.

Figure 2.2a: Population Projections for Clackmannanshire and Stirling HSCP (2016 based)

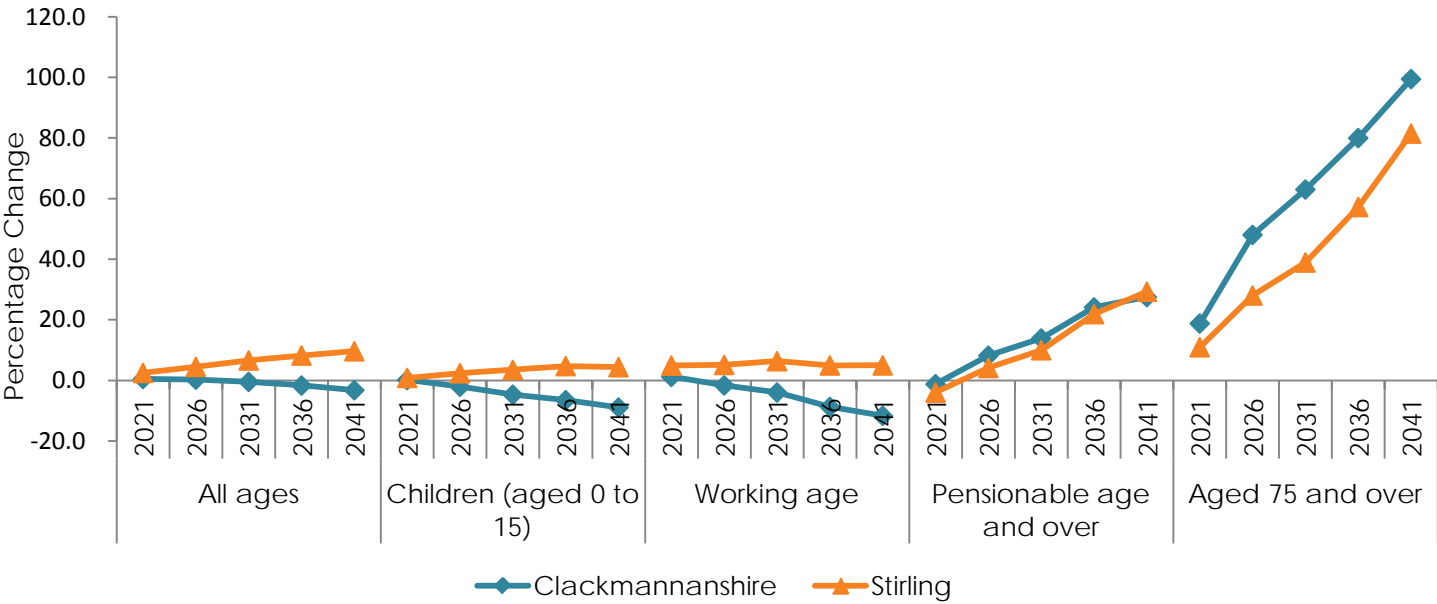


Source: National Records of Scotland (NRS) population projections

The chart above shows:

- The overall population is projected to increase by 5% by 2041. There are however differences in the age profile with the older aged population projected to increase considerably.
- In Clackmannanshire the older population is predicted to increase at the same time as the working age population is decreasing. This means that at the same time as demand for services could be increasing, it could be more challenging to employ the workforce to meet this demand.
- For people of pensionable age and over, Clackmannanshire's population is expected to increase by 27.5% by 2041 and Stirling's by 29.3% and for those aged 75 and over by 99.5% in Clackmannanshire and 81.5% in Stirling. Older people are generally high users of services and this could impact significantly on demand for services.

**Figure 2.2b: Projected Percentage Change in Population in Clackmannanshire and Stirling (2016 based)**



*Note:* Working age and pensionable age and over estimated from State Pension age. Estimates based on State Pension age. As set out in the 2014 Pensions Act, between 2014 and 2018, the state pension age will rise from 62 to 65 for women. Then between 2019 and 2020, it will rise from 65 years to 66 years for both men and women. A further rise in state pension age to 67 will take place between 2026 and 2028. Between 2044 and 2046, state pension age will increase from 67 to 68. The UK Government plan to review state pension age every five years in line with life expectancy.

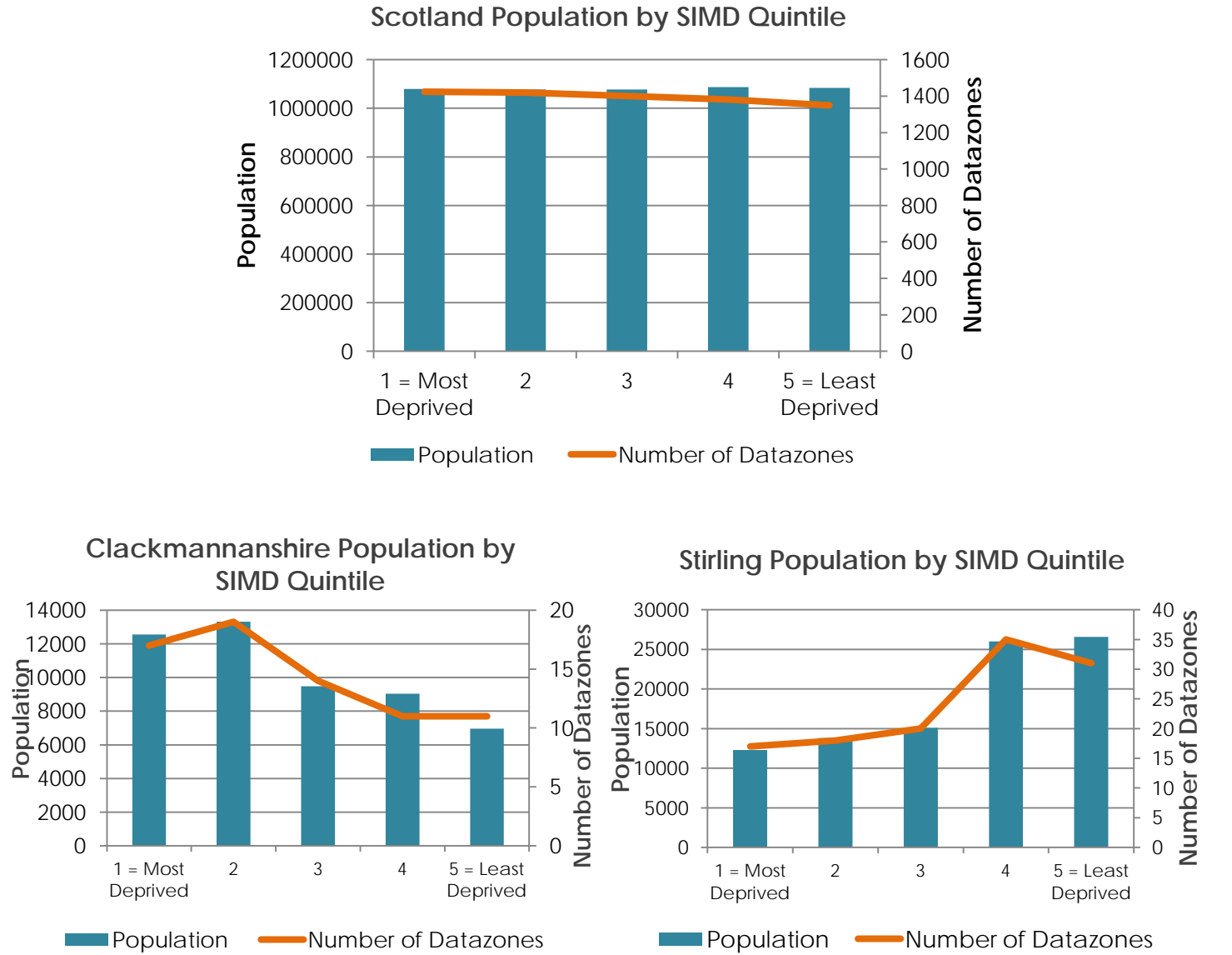
### 3 Scottish Index of Multiple Deprivation and Health Inequalities

#### 3.1 Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation across all of Scotland. By using this and the National Records of Scotland population estimates ISD (Information Services Division) splits the population into five deprivation quintiles with approximately 20% of the population in each quintile where 1 is the most deprived and 5 the least. To compare Clackmannanshire and Stirling with Scotland the charts below

are based on Scotland level population-weighted SIMD quintiles where all Scotland’s datazones are ranked and split into the five deprivation quintiles. They show that there is a differing deprivation profile within the Partnership with more of Clackmannanshire’s datazones and population falling into the most deprived quintile while in Stirling more fall into the least deprived. That said, there will be pockets of higher deprivation within both. Deprivation can be a key contributing factor in the health of the population which the next section will explore.

Figure 3.1a: Scotland, Clackmannanshire & Stirling by SIMD Quintile



\*Based on SIMD Scotland level population-weighted quintile and 2016 mid year population estimates.. Source: ISD Scotland.

3.2 Health Inequalities

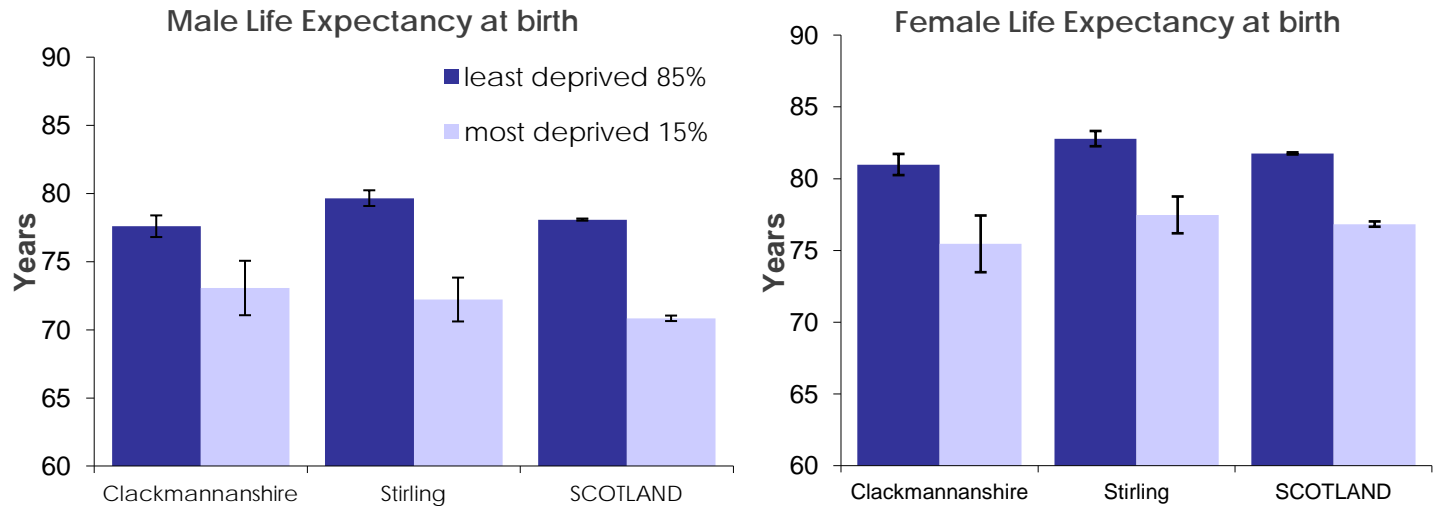
Health inequalities are the unjust and avoidable differences in people’s health across the population and between specific population groups. Reducing health inequalities will help increase life expectancy and improve the health of people in disadvantaged groups. It could also bring economic benefits and would help to reduce costs to services. A Ministerial Task Force on Health Inequalities was established in 2007 to identify and prioritise practical actions to reduce the most

significant and widening health inequalities in Scotland. A technical advisory group set up in 2008 recommended a range of indicators on health inequalities to be monitored over time. The simplest measure is to compare the health of those in the lowest socio-economic group with those in the highest group. As we have seen there is a different deprivation profile across the Partnership and this section will explore the impact of deprivation on life expectancy, healthy life expectancy, premature mortality and mortality among 15-44 year olds.

3.2.1 Life Expectancy and Deprivation

Life expectancy is an estimate of how many years a person might be expected to live. National Records of Scotland (NRS) produces information on life expectancy at birth for the most deprived (MD) areas and least deprived (LD) areas of each council area. This is for 2011-15 and uses SIMD 2016 rank and datazones within each council as building blocks. The charts below show that there is a difference in life expectancy between the most and least deprived areas in Clackmannanshire, Stirling and nationally for both men and women.

Figure 3.2.1a: Male and Female Life Expectancy at Birth by Most and Least Deprived, 2011-2015

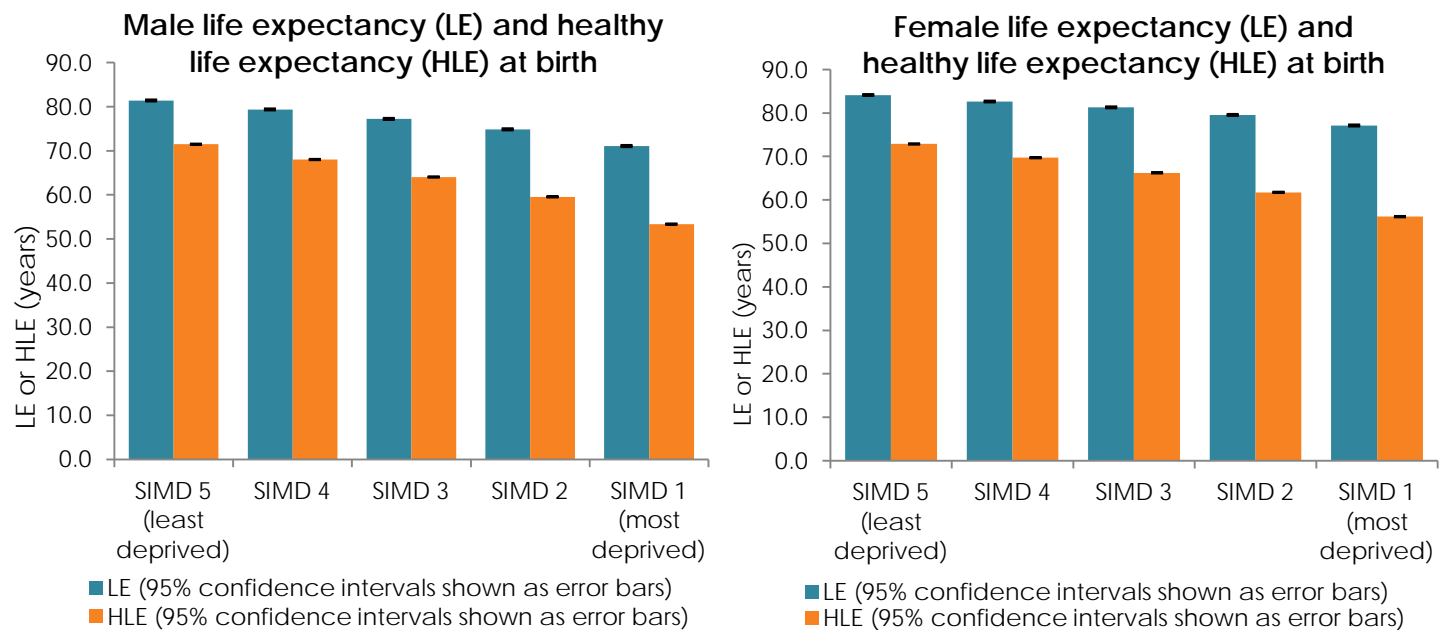


\*Datazones within each area were ordered by SIMD 2016 rank (from most to least deprived) and the top 15% were assigned to most deprived 15% and the bottom 85% assigned to least deprived 85%. Life expectancy was calculated using the final age group of 90 years and older. Source: National Records for Scotland (NRS)

3.2.2 Life Expectancy and Healthy Life Expectancy

While life expectancy (LE) is an estimate of how many years a person might be expected to live healthy life expectancy (HLE) is an estimate of how many years they might live in a 'healthy' state. In Scotland males are expected to live both shorter lives, and shorter healthier lives compared with females. As the charts below show there is also a difference between areas of deprivation with those in the most deprived areas having both a lower life and healthy life expectancy.

Figure 3.2.2a: Male and Female Life Expectancy (LE) and Healthy Life Expectancy (HLE) at Birth in Scotland, by Deprivation Quintile, 2009-2013.



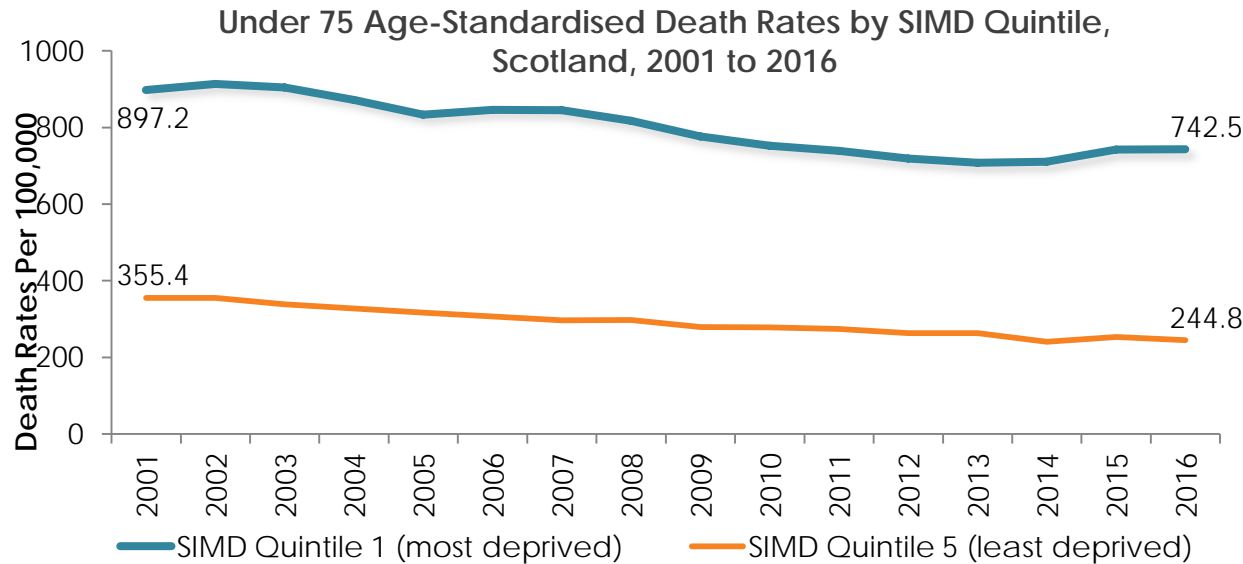
Source: abridged life tables, using:

- a) National Records of Scotland (NRS) mid-year population estimates
- b) NRS death registrations (by year of registration of death)
- c) Self-assessed health (SAH) from Census 2011 (5-point question)
- d) Deprivation quintiles based on the Scottish Index of Multiple Deprivation (SIMD), unweighted for population, SIMD 2009 v2 for 2009, and SIMD 2012 for period 2010-2013.

3.2.3 Premature Mortality and Deprivation

Premature mortality, people who die under the age of 75, is an important indicator of the overall health of the population. The fewer deaths that occur under the age of 75, the healthier the population is judged to be. Scotland has the highest rates of premature mortality in the UK and while premature mortality has been declining there has been a consistent large gap between the most and least deprived areas. While this reflects the Scottish population as there is a differing deprivation profile within the Partnership there is likely to be areas where premature mortality is higher.

Figure 3.2.3a: Under 75 Age-Standardised Death Rates by SIMD Quintile

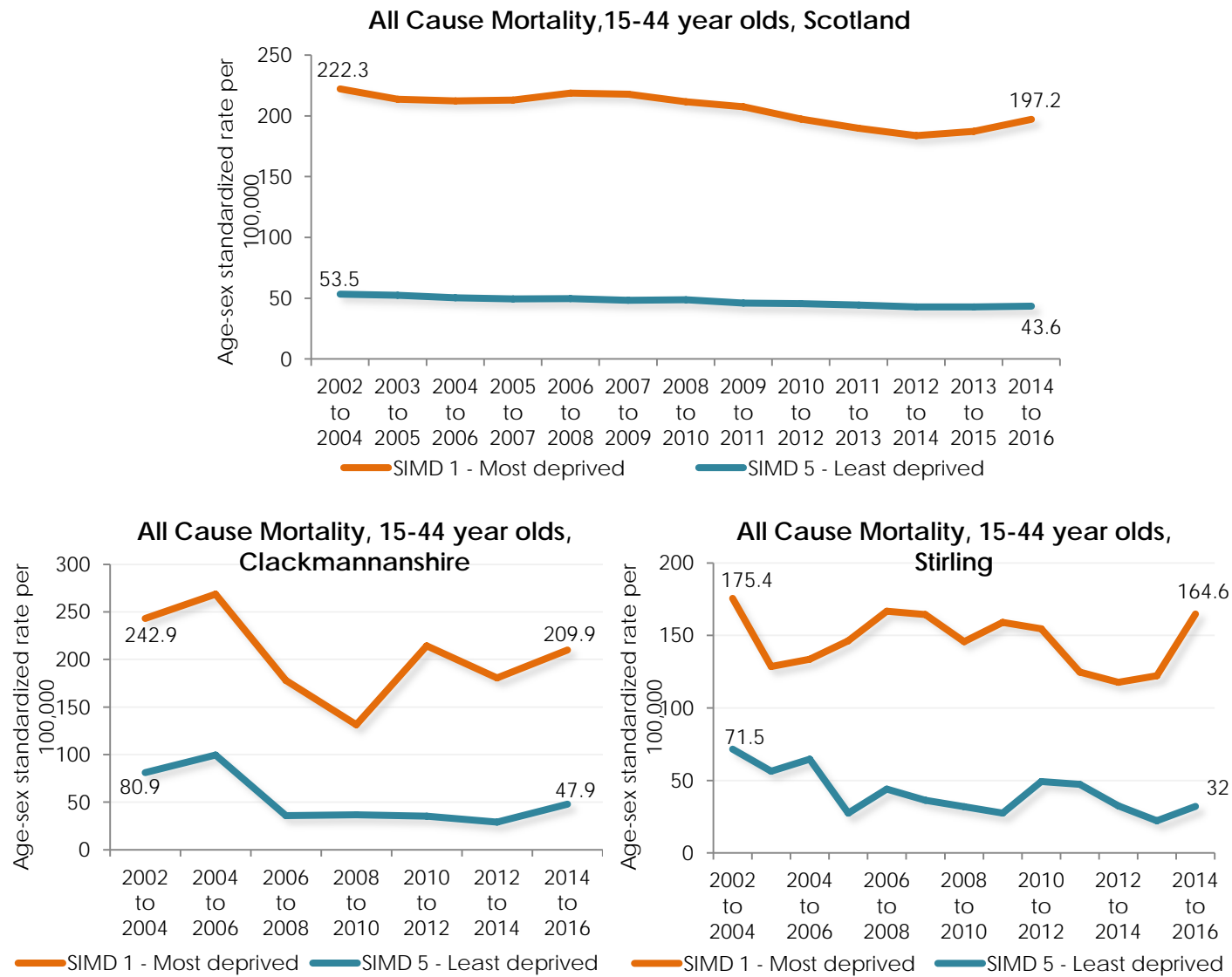


Source: National Records of Scotland (NRS)

3.2.4 Mortality among 15-44 year olds and Deprivation

All cause mortality among 15-44 year olds, is defined by the number of deaths from all causes of people between 15 and 44 years of age. Overall this has been declining (with some fluctuation) but as the figures below show again there is a consistent large gap between the most and least deprived areas.

Figure 3.2.4a: All Cause Mortality among 15-44 year olds, Scotland, Clackmannanshire and Stirling



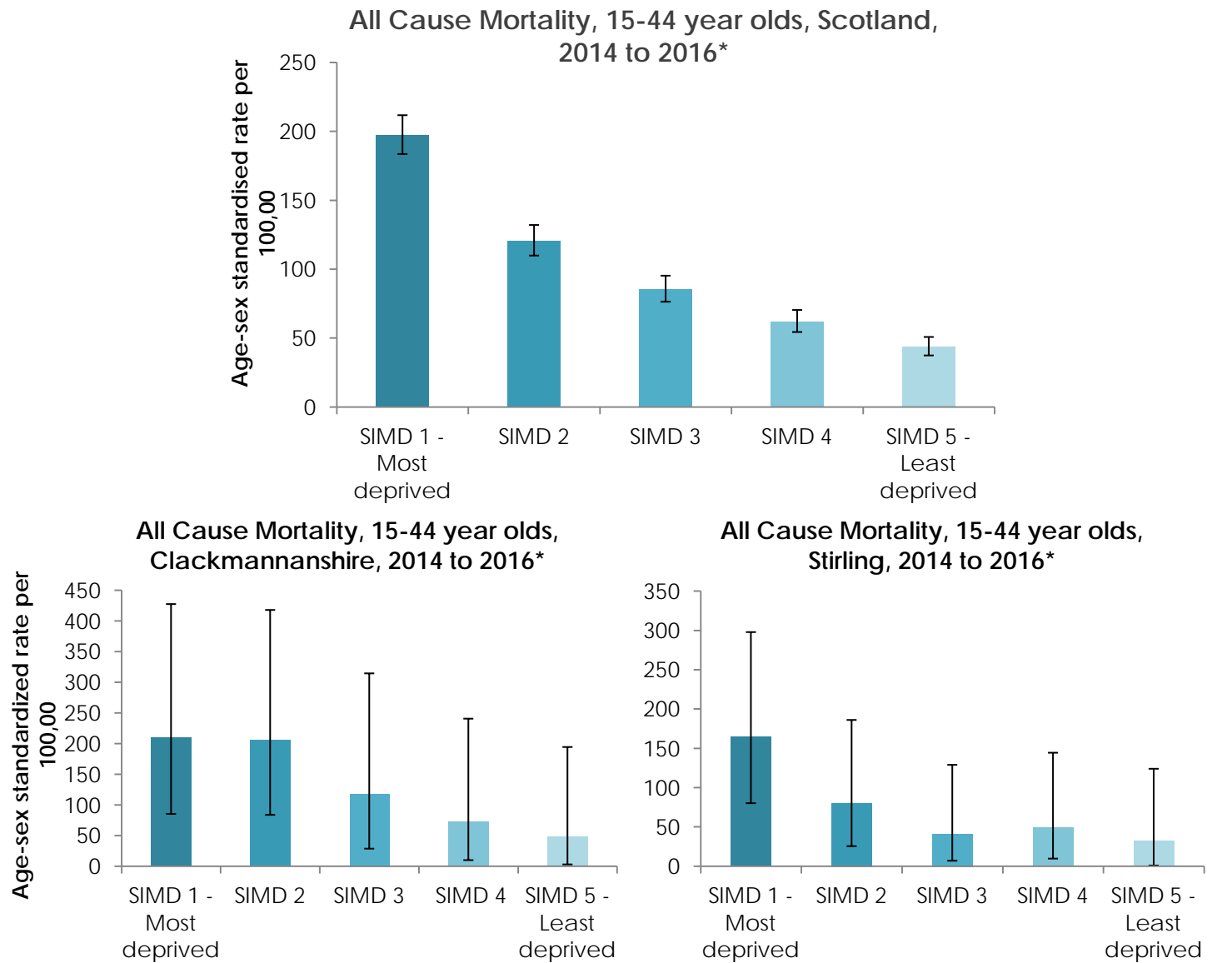
- \*Notes:
- 1. Clackmannanshire has data points every 2<sup>nd</sup> year
  - 2. Stirling and Scotland have data points each year
  - 3. Calendar Years; 3-year aggregates

Source: National Records of Scotland (NRS)

The charts below show that the mortality rate of 15-44 year olds decreases as deprivation decreases. A note of caution is however required when interpreting this. Error bars are used to indicate the range that a true value may lie with small error bars indicating a greater confidence in the value. There is a risk that when numbers are small this range may be large which will make interpretation difficult. While

the error bars are wide in Clackmannanshire and Stirling due to small numbers, overall the pattern is however similar to that for Scotland.

Figure 3.2.4b: All Cause Mortality, 15-44 year olds by Scottish Index of Multiple Deprivation (SIMD)



\* 2014 to 2016, Calendar Years; 3-year aggregate.  
Source: National Records of Scotland (NRS)

4 Service Provision

4.1 Unscheduled Care

Unscheduled care is the unplanned treatment and care of a person usually as a result of an emergency or urgent event. Most of the attention on unscheduled care is on accident and emergency attendances and emergency admissions to hospital. This is a key focus area for Health and Social Care Partnerships across Scotland and they have recently submitted objectives, to Scottish Government, that look to reduce the utilisation of unscheduled care services.

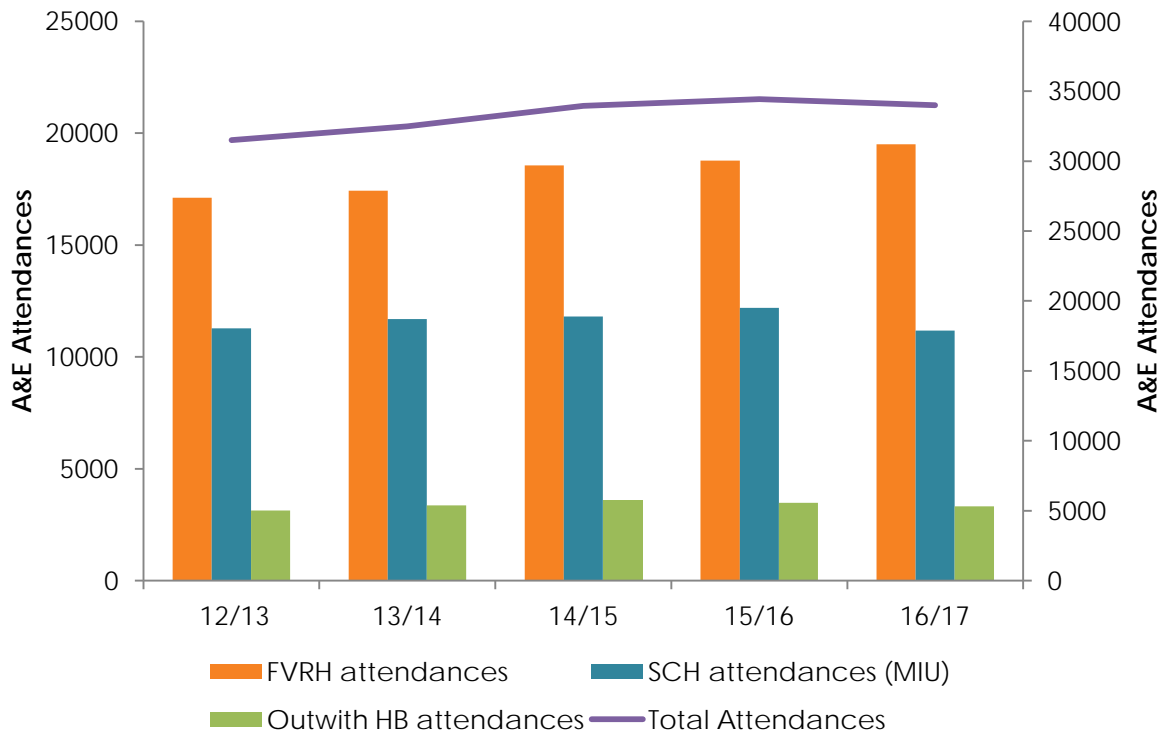


4.1.1 Accident and Emergency Attendances

Since July 2011, Clackmannanshire, Stirling and Falkirk have been served by a single Accident and Emergency department at Forth Valley Royal Hospital in Larbert with a minor injuries unit at Stirling Community Hospital.

The charts below show that the number of A&E attendances in the Partnership overall have been increasing over the past five years and that they have been increasing at Forth Valley Royal Hospital. The percentage of A&E patients seen within 4 hours has generally been below 95% from April 2017.

Figure 4.1.1a: A&E Attendances (All Ages), 2012/13-2016/17



Source: ISD Scotland

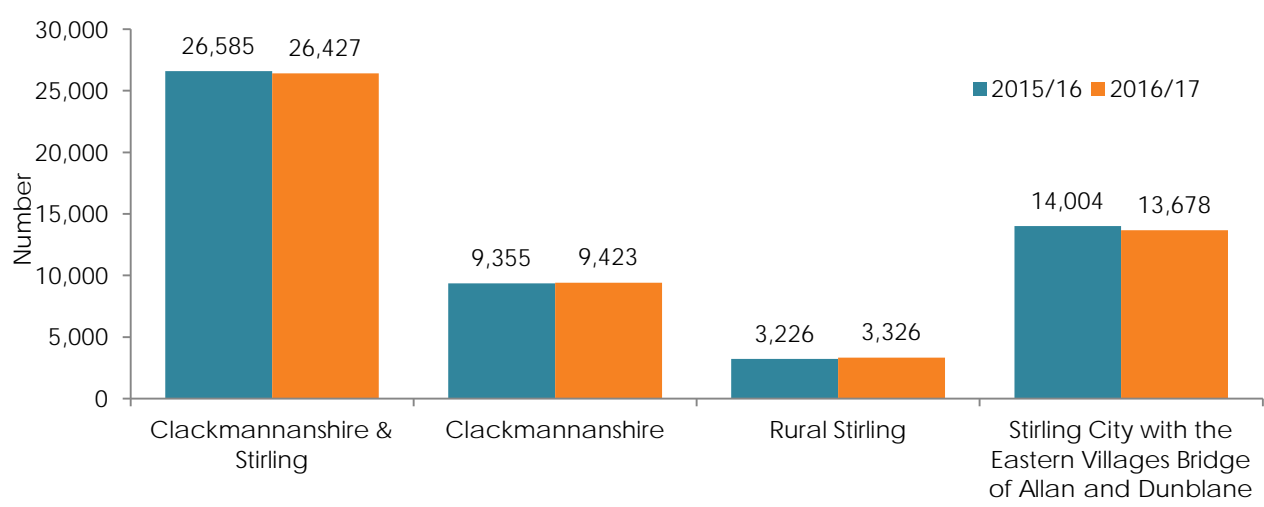
Table 4.1.1a: Percentage seen within 4 hours (All ages), 2017/18

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Clackmannanshire & Stirling	91.3%	92.6%	94.4%	93.6%	94.0%	93.8%	92.8%	95.0%	80.0%	84.6%	90.4%	85.6%

Source: ISD Scotland

In 2016/17 over three quarters of A&E Attendances in the Partnership were for people aged 18 or over. The chart below looks at A&E attendances of those aged 18+ in 2015/16 and 2016/17 in the Partnership and shows that over half of attendances were by people resident in Stirling City with the Eastern Villages, Bridge of Allan and Dunblane (53% and 52% respectively). This is slightly more than the proportion of this population in 2016 (48% of the Partnership’s population). Rural Stirling accounted for a lower proportion of A&E attendances (12% and 13% respectively) than the population (17% of the Partnership population). Of the three localities Stirling City with the Eastern Villages, Bridge of Allan and Dunblane had the highest rate of emergency admissions and Rural Stirling the lowest.

Figure 4.1.1b: A&E Attendances (18+) by locality, 2015/16-2016/17



Source: ISD Scotland

Table 4.1.1b: Rate of A&E Attendances (18+) by Locality, 2015/16-2016/17

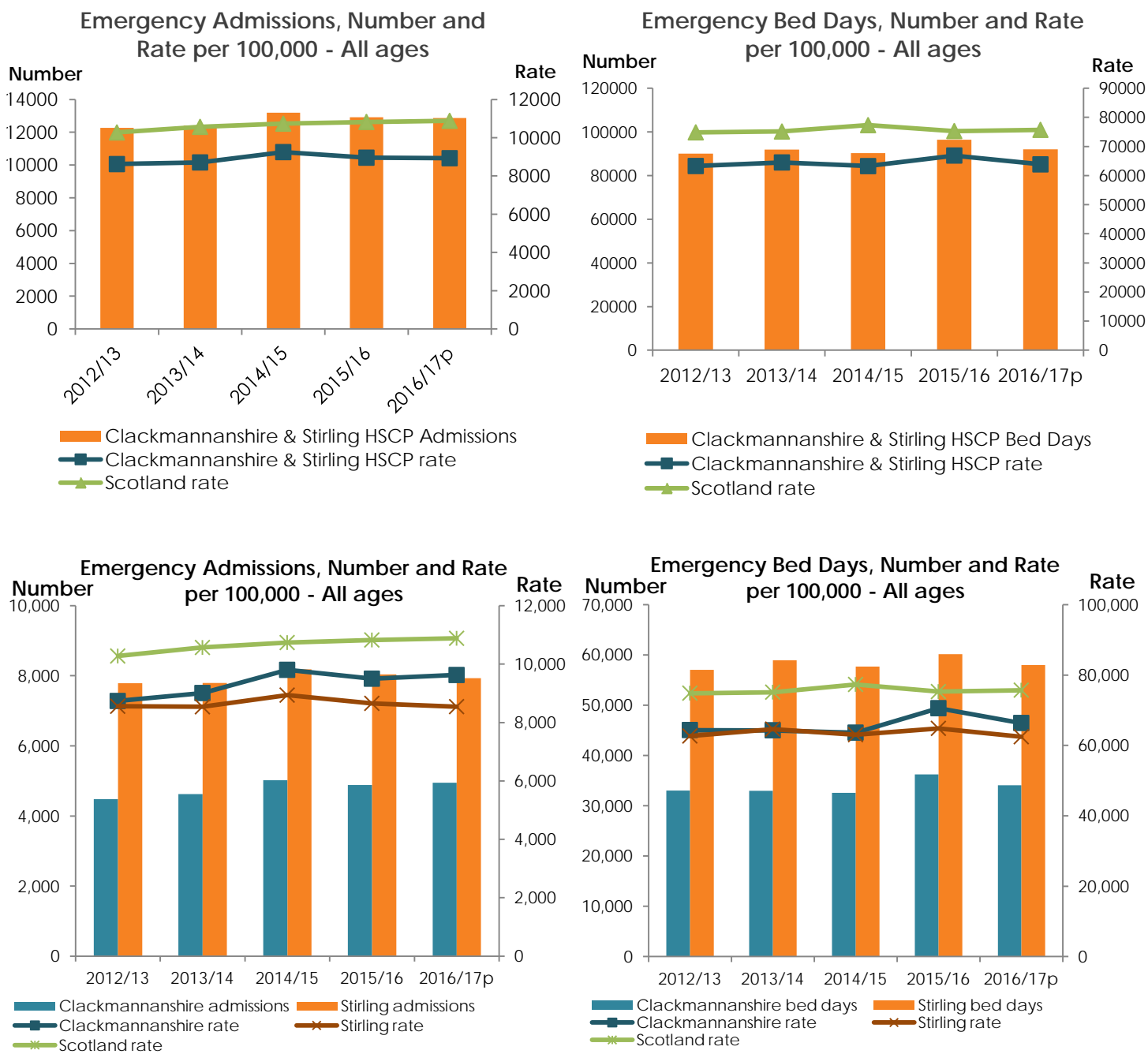
	2015/16	2016/17
Clackmannanshire	227.5	229.3
Rural Stirling	162.4	166.3
Stirling City with the Eastern Villages, Bridge of Allan and Dunblane	254.1	244.4
Clackmannanshire & Stirling HSCP	229.0	225.8

\*Rates calculated using 2015 and 2016 18+mid year population estimates. Source: ISD Scotland

4.1.2 Emergency Admissions

The charts below show that the rate of emergency admissions to hospital and emergency bed days (per 100,000 population) in Clackmannanshire and Stirling has been lower than the Scotland average for some time. The actual number of emergency admissions and bed days has risen and fallen over the same period.

Figure 4.1.2a: Emergency Admissions and Bed Days



Source: SMR01, ISD Scotland

The charts above also show that the rate of emergency admissions and bed days is highest in Clackmannanshire. This marries with the [Clackmannanshire and Stirling HSCP locality profiles](#) which showed that while the emergency admission rate in all three localities was below the national average Clackmannanshire’s rate was the highest and Rural Stirling’s the lowest.

Emergency admissions are strongly related to patient age and deprivation. In 2016/17 the percent of emergency admissions for those 65 and over was less than half but they accounted for around 70% of the emergency bed days in both Local Authorities in the Partnership and Scotland implying that although there were less people they were staying for longer. These proportions were consistent with

those in the prior four years. The rate of emergency admissions and bed days also increases with age. The rates for the age groups below are all below the national average with the exception of Clackmannanshire's Bed Day Rate for patients 85+ which has been increasing annually over the past four years.

**Table 4.1.2a: Percentage of Emergency Admissions and Bed Days for People 65+, 2016/17p**

Emergency Admissions 2016/17p	% Emergency Admissions 65+	% Emergency Bed Days 65+
Clackmannanshire	42%	70%
Stirling	45%	71%
Scotland	44%	71%

P provisional. Source: ISD Scotland

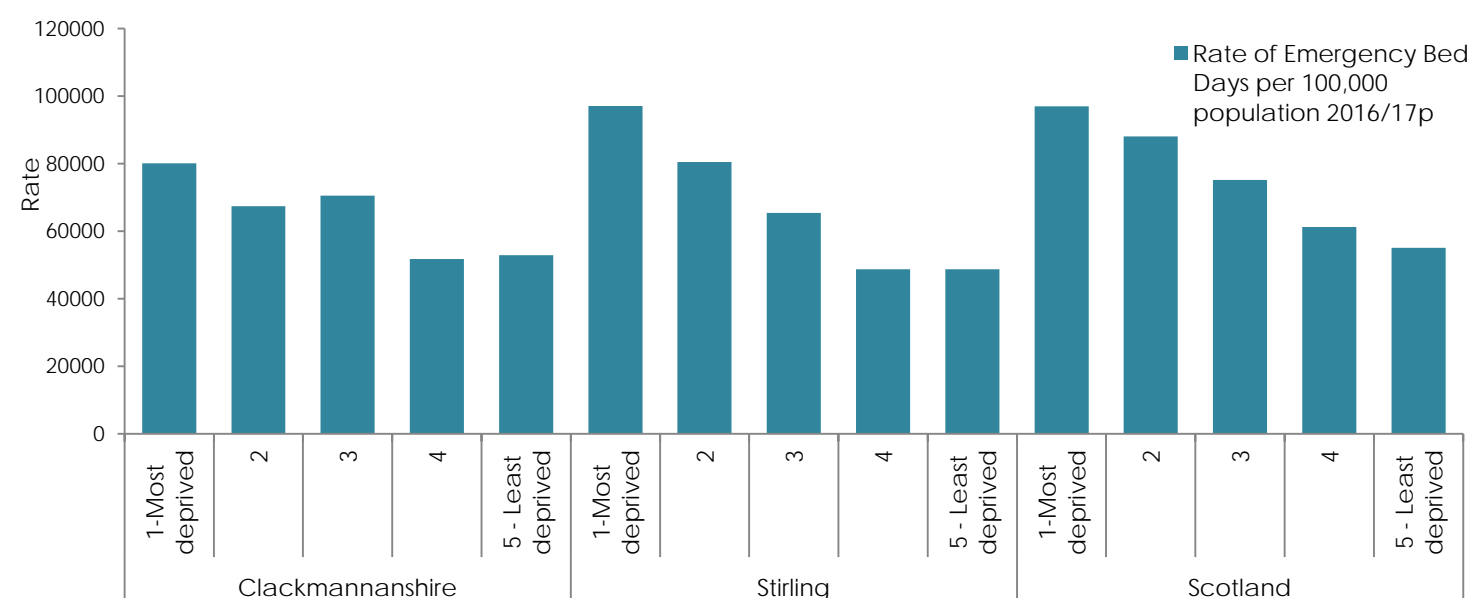
**Table 4.1.2b: Emergency Admission and Bed Day Rates by Age Group, 2016/17p**

2016/17p	Rate of Emergency Admissions per 100,000			Rate of Emergency Bed Days per 100,000		
	Clackmannanshire	Stirling	Scotland	Clackmannanshire	Stirling	Scotland
All Ages	9,628	8,545	10,884	66,367	62,453	75,701
65+	21,234	20,615	25,937	246,811	239,340	293,165
75+	32,122	30,835	37,240	447,047	405,651	487,690
85+	48,806	46,674	54,080	865,317	755,750	853,207

P provisional. Source: ISD Scotland

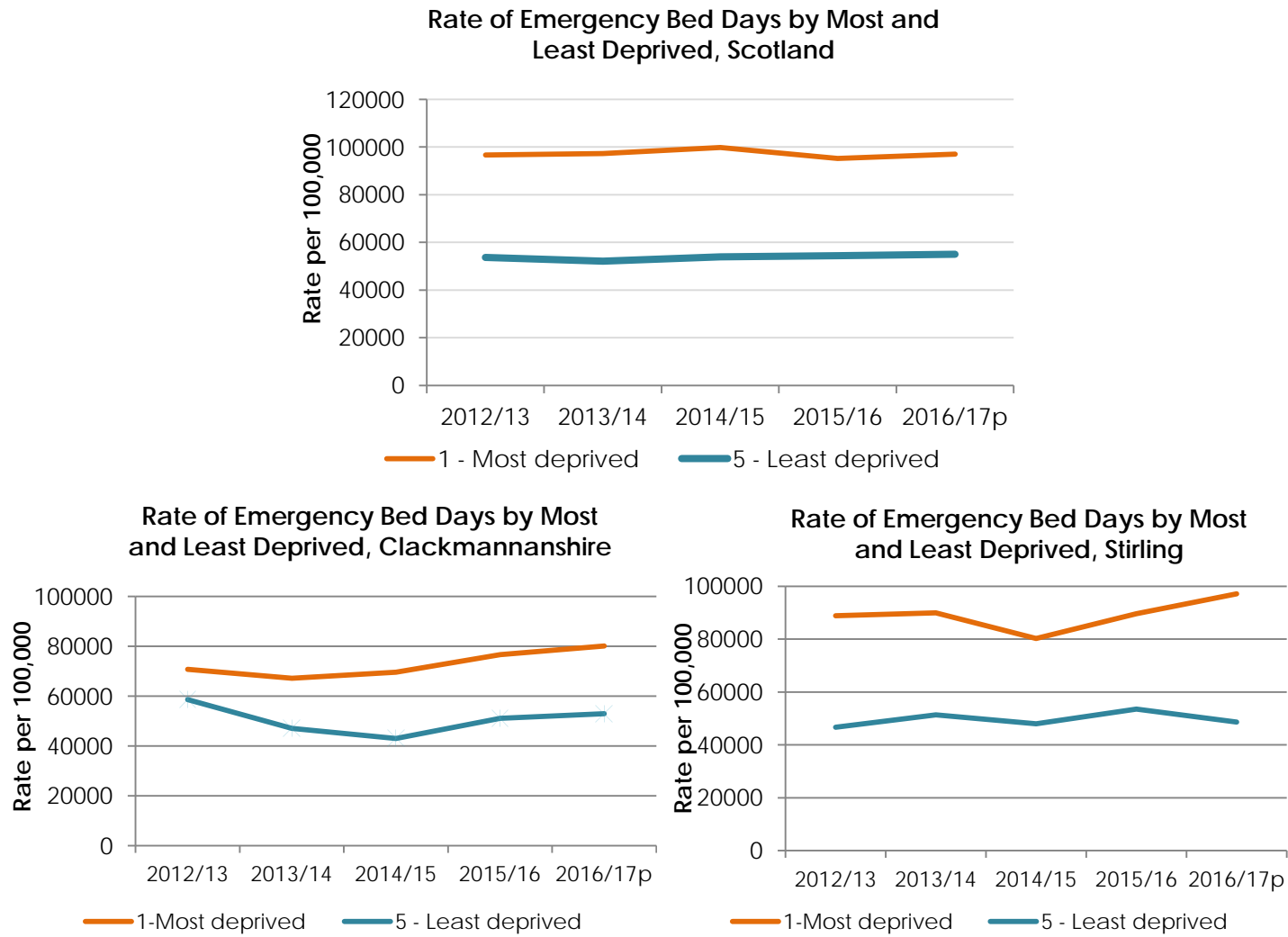
The charts below looks at the rate of emergency bed days in 2016/17 by deprivation and shows that the rate is highest in the most deprived areas and decreases as deprivation decreases. They also show the gap between the most and least deprived areas and how it has widened in the past five years in both local authorities in the Partnership, particularly in Clackmannanshire.

**Figure 4.1.2b: Rate of Emergency Bed Days per 100,000, 2016/17p.**



P provisional. Source: ISD Scotland

Figure 4.1.2c: Rate of Emergency Bed Days by Most and Least Deprived Areas – Scotland, Clackmannanshire and Stirling



\*p Provisional. Source: ISD Scotland

### 4.1.3 Multiple Emergency Admissions

In Scotland the rate of people who have multiple emergency admissions (2 or more) has been increasing over the past five years. The rate in Clackmannanshire and Stirling has consistently been below the national average and while fluctuating slightly in Clackmannanshire over the past couple of years it has been declining in Stirling. In 2016/17 in Stirling 43% of multiple emergency admissions (2 or more) were for patients 65+ who accounted for 62% of the bed days related to multiple admissions which is comparable to the national average (42% accounting for 63% of bed days). This was lower in Clackmannanshire where 38% accounted for 56% of the bed days related to multiple admissions.

### 4.1.4 Primary Care Out of Hours

Primary care out-of-hours services provide support to people who require medical care outwith normal GP surgery hours.

The table below shows that the rate of cases at GP Out of Hours in Forth Valley Health Board for people residing in the Partnership has been relatively stable in the past four years and, for the most, has been below the Scottish average. The lowest rate has been for those living in Rural Stirling.

**Table 4.1.4a: Number and Rate of Cases at GP Out of Hours (OOH) in NHS Forth Valley by Locality<sup>1-3</sup>**

	GP OOH Number Of Cases				Rate per 1,000 population			
	14/15	15/16	16/17	17/18	14/15	15/16	16/17	17/18
<b>Clackmannanshire &amp; Stirling HSCP</b>	21,826	22,570	21,664	21,779	157.1	162.5	155.9	156.8
- Clackmannanshire	9,005	9,153	8,571	8,893	175.4	178.2	166.9	173.2
- City of Stirling with the Eastern Villages, Bridge of Allan and Dunblane	10,477	11,012	10,685	10,492	166.7	175.2	170.0	167.0
- Rural Stirling	2,344	2,405	2,408	2,394	94.8	97.2	97.4	96.8
<b>Scotland</b>	894,866	891,227	850,001	871,546	165.6	164.9	157.3	161.3

<sup>1</sup> GP Out of Hours Data is extracted monthly into Unscheduled Care Datamart

<sup>2</sup> 'Case' is used to identify a patient's single encounter (service contact) with the OOH Service. Within a single case a patient may have multiple consultations with OOH health care professionals

<sup>3</sup> Populations based on the 2016 estimates

Source: Unscheduled Care Datamart, ISD Scotland

## 4.2 Delayed Discharges from Hospital

A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date.

The charts below look at the number of delays at a certain point each month (the census point) from April 2016, as well as the number of days patients spend delayed in hospital following their ready for discharge date. They are split by all delays excluding those outwith the control of the Partnership (termed Code 9 delays) and Code 9 delays.

**Figure 4.2a: Number of Patients Delayed at the Census, Clackmannanshire & Stirling HSCP**

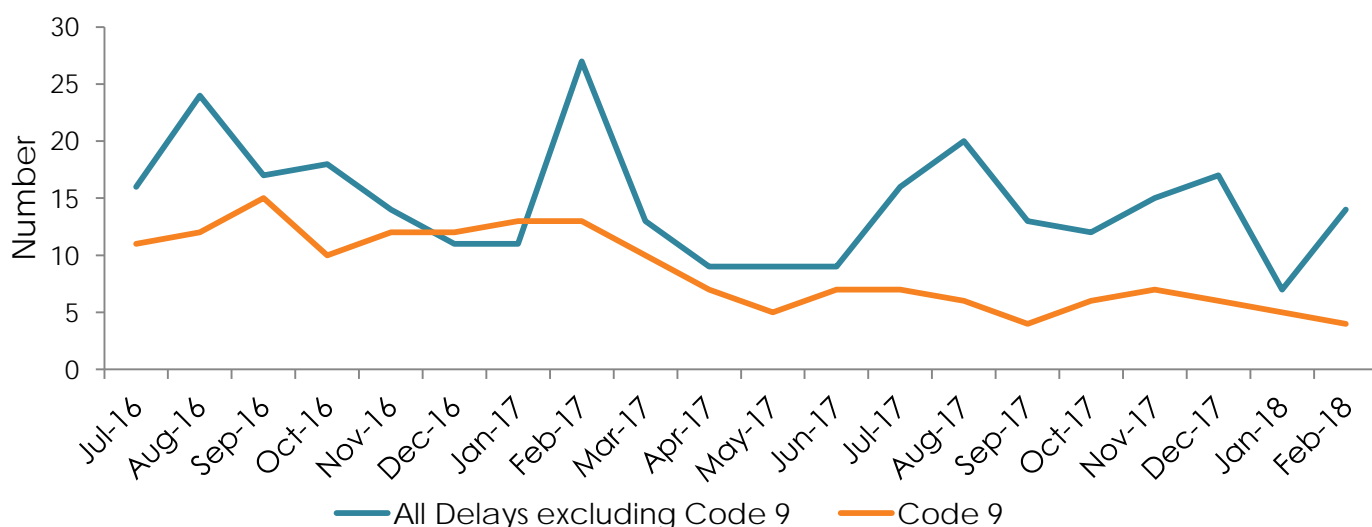
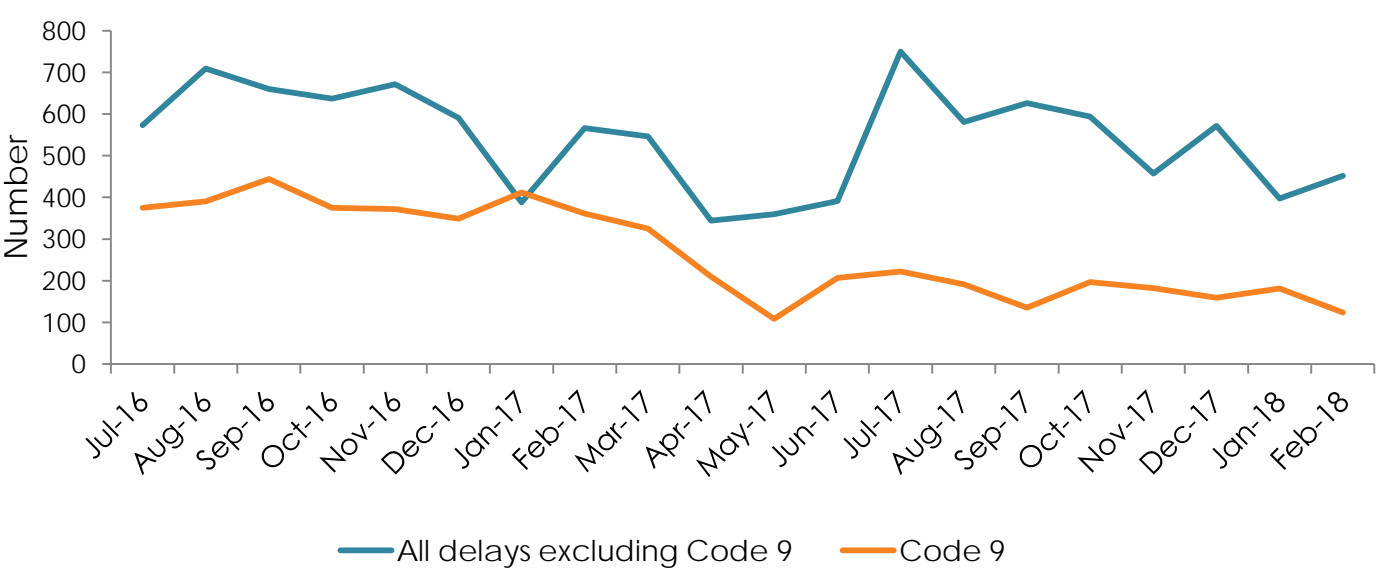


Figure 4.2b: Number of Days Patients spend Delayed in Hospital, Clackmannanshire & Stirling HSCP



Source: ISD Scotland

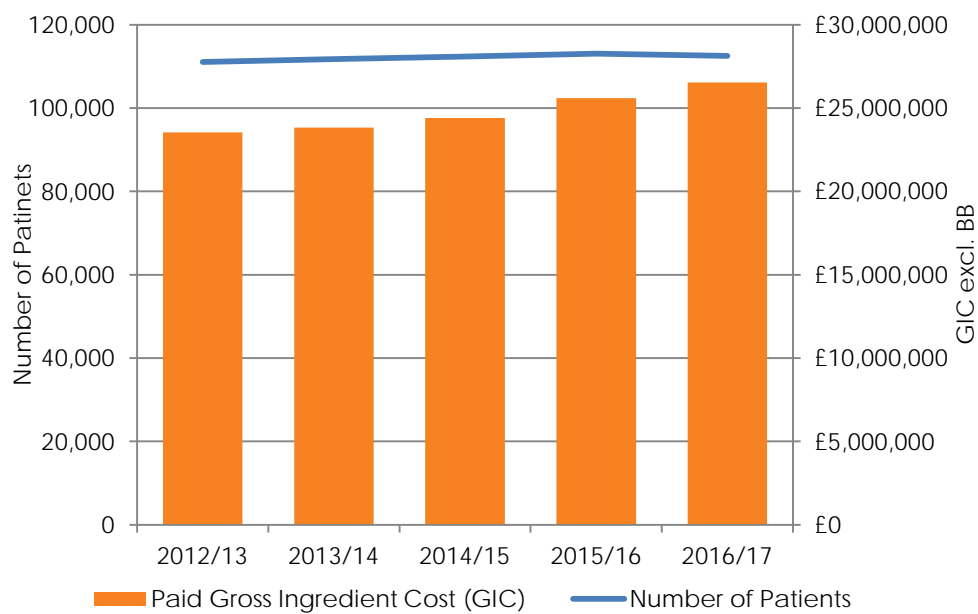
They show that:

- The number of delays at the monthly census point is low and has been declining – in February 2018 there were 14 delays in the Partnership (excluding Code 9 delays). The number of Code 9 delays is also low and been in decline. Similarly the number of days patients spend delayed in hospital following their ready for discharge date has been declining, particularly for Code 9 delays.
- In February 2018 around two thirds (65%) of days spent delayed in hospital due to health and social care reasons or patient and family related reasons involve patients 75 and over. This compares with 73% in Scotland.

### 4.3 Primary Care Prescribing

Approximately 10% of Health & Social Care spend in Clackmannanshire & Stirling relates to primary care prescribing. While this is a significant proportion of the total spend effective prescribing helps individuals manage their chronic disease in a community setting and may help prevent attendance or admission to hospital. The figure below shows that the number of people prescribed items has been relatively stable over the past five years however costs have been increasing. We also know that the elderly population is expected to rise as well as the number of individuals living with complex conditions and it is likely that this will also impact on the longer term prescribing patterns for the Partnership.

**Figure 4.3a: Number of People Prescribed Items and Gross Ingredient Cost, 2012/13 to 2016/17, Clackmannanshire & Stirling HSCP**



\* Paid Gross Ingredient Cost (GIC) excludes broken discount. GIC is the cost of medicines and appliances reimbursed at list price. Source: Prescribing Information System, ISD Scotland (extracted 13/09/18)<sup>1</sup>.

The table below gives the number of people prescribed items and the associated costs split by British National Formulary (BNF) category by locality and Partnership for 2016/17. People can be counted in more than one category and the top five chapters for patients and costs have been highlighted. It shows that some of the highest activity in terms of patients and costs are the Central Nervous System, Gastro-Intestinal System and Cardiovascular System. Some of the most expensive areas per person however are stoma appliances and malignant disease. The table is also split by HSCP locality. There are a variety of different reasons why prescribing patterns can vary from area to area. For instance, different practices serve different people; some have greater numbers of older adults, more children or higher levels of deprivation for example. For these reasons comparisons between areas should be undertaken with caution.

<sup>1</sup> Footnotes include: Includes patients resident in Clackmannanshire and Stirling HSCP who had an item prescribed. Based on postcode. Includes all prescriber and dispenser types and is for that dispensed within the community only and data is based on items which have been prescribed, dispensed and submitted for payment. Includes items prescribed in England and dispensed in Scotland and excludes items prescribed in Scotland and dispensed in England. Excludes private prescriptions (other than control drugs), hospital and direct supply of medicines to patients. Paid Gross Ingredient Cost excludes broken bulk discount, paid financial year is the year in which payment is claimed and number of patients is based on a count of valid Unique Patient Identifiers (UPIs) (UPI is not always captured therefore there may be a small amount of underestimation). Data is based on BNF hierarchy and not clinical usage and information on postcode is not a unique count as patients may have had different postcodes within the timeframe.



**Table 4.3a: Number of People Prescribed Items by BNF Chapter, 2016/17, Clackmannanshire & Stirling HSCP**

Chapter	BNF Chapter	Clackmannanshire	Rural Stirling	Stirling City with the Eastern Villages, Bridge of Allan and Dunblane	Clackmannanshire & Stirling		
		Number of Patients	Number of Patients	Number of Patients	Number of Patients	Cost to the nearest £	£/person
1	GASTRO-INTESTINAL SYSTEM	15,605	6,863	18,288	40,756	£1,893,507	£46
2	CARDIOVASCULAR SYSTEM	15,045	6,504	16,737	38,286	£3,217,336	£84
3	RESPIRATORY SYSTEM	11,594	5,099	13,725	30,418	£3,079,083	£101
4	CENTRAL NERVOUS SYSTEM	22,452	8,335	24,692	55,479	£6,256,924	£113
5	INFECTIONS	16,966	7,934	18,874	43,774	£929,356	£21
6	ENDOCRINE SYSTEM	8,928	3,921	9,910	22,759	£3,356,193	£147
7	OBSTETRICS, GYNAE & URINARY TRACT DISORDERS	7,812	3,440	10,021	21,273	£1,188,763	£56
8	MALIGNANT DISEASE & IMMUNOSUPPRESSION	632	355	781	1,768	£740,674	£419
9	NUTRITION AND BLOOD	6,048	2,781	7,383	16,212	£1,075,059	£66
10	MUSCULOSKELETAL & JOINT DISEASES	10,689	4,808	12,072	27,569	£677,025	£25
11	EYE	4,541	2,398	5,303	12,242	£396,884	£32
12	EAR, NOSE & OROPHARYNX	7,081	3,249	8,873	19,203	£276,327	£14
13	SKIN	14,641	6,909	17,936	39,486	£1,016,965	£26
14	IMMUNOLOGICAL PRODUCTS & VACCINES	550	334	487	1,371	£38,245	£28
15	ANAESTHESIA	560	282	657	1,499	£178,013	£119
19	OTHER DRUGS AND PREPARATIONS	373	160	566	1,099	£20,483	£19
20	DRESSINGS	1,228	705	1,567	3,500	£345,747	£99
21	APPLIANCES	6,468	2,846	7,368	16,682	£701,844	£42
22	INCONTINENCE APPLIANCES	373	213	446	1,032	£166,414	£161
23	STOMA APPLIANCES	560	246	621	1,427	£739,077	£518
	BLANK	687	381	947	2,015	£239,658	£118.94

Source: Prescribing Information System, ISD Scotland (extracted 27/03/18). See footnotes of Figure 4.3a.

There has also been an increase in patients prescribed items from Anaesthesia (857 patients in 2012/13 to 1,499 in 2016/17), Appliances (11,559 in 2012/13 to 16,682 in 2016/17) and Stoma Appliances (1,190 in 2012/13 and 1,427 in 2016/17) and a decrease in patients prescribed items from Infections (49,413 in 2012/13 to 43,774 in 2016/17) and immunological products and vaccines (1,857 in 2012/13 to 1,371 in 2016/17).

The Prescribing Support Team work with individual GP practices to help them optimise their prescribing.

## 4.4 Population Classification Matrix

Information Services Division (ISD) has produced a Population Classification Matrix to help describe how different sections of the population are making use of health and social care services. It does this by cross-tabulating a demographic classification against a service-use classification. The latter is based on the dominant area of service in that they are assigned to the service for which the highest costs were incurred (in this section this is referred to as the balance of care). If an individual qualifies for more than one demographic class they are assigned to the one which represents their highest need for health care.

At a high level the Matrix allows users to visualise populations across a range of classes. It provides a range of measures including number of individuals, total costs, occupied bed days, A&E Attendances and various other measures. This could, for example, allow a user to see the section of the population who make the most use of A&E Services, have the most unplanned days, highest costs or highest number of outpatient attendances. The matrix could also be used to discover the main area of service use from clinically similar people which could aid evaluation as to whether this is the best use for their health needs and an effective use of resources. It could also be used to understand how service based groups are distributed across the population which could be used to highlight populations which could benefit from intervention or through service improvement.

The figures below show the Matrix based on the number of individuals and then the total cost.

**Table 4.4a: Population and Pathways Matrix (All ages), 2016/17 – Number of Individuals and Total Cost**

Number of Individuals	Psychiatry	Geriatric	Maternity	Elective Inpatient	Limited Daycase	Routine Daycases	Single Emergency	Multiple Emergency	A&E	Outpatient	Prescribing	Total
End of Life	*	404		*	*	*	210	195	27	*	394	1,288
Frail	8	1,241		104	66	*	559	290	*	17	256	2,560
High Complex Conditions	*	*	7	560	551	40	414	304	187	540	4,798	7,436
Maternity	*		1,372	*	*		9	5	*	*	*	1,402
Mental Health	218	*		5	*		26	34	5	*	19	327
Substance Misuse				*	*		151	86	13	*	*	280
Medium Complex Conditions		*		*	295	*	331	189	142	312	4,230	5,697
Low Complex Conditions		*		426	356	*	400	131	444	560	5,589	7,917
Child Major Conditions				150	324	*	843	168	*	*	339	1,837
Adult Major Conditions				666	2,155	7	1,409	253	60	94	4,528	9,172
Healthy and Low User		27							11,067	11,224	57,245	79,563
Total	257	1,700	1,379	2,140	3,762	67	4,352	1,655	11,970	12,770	77,427	117,479

Total Cost (£)	Psychiatry	Geriatric	Maternity	Elective Inpatient	Limited Daycase	Routine Daycases	Single Emergency	Multiple Emergency	A&E	Outpatient	Prescribing	Total
End of Life	8,049	5,620,133		595,857	31,220	25,976	1,412,375	3,330,089	5,965	10,362	322,508	11,362,534
Frail	343,859	15,906,186		1,451,794	282,303	28,774	3,407,265	4,051,812	40,102	23,139	653,062	26,188,296
High Complex Conditions	808,731	136,753	35,974	6,117,413	1,333,344	553,884	2,128,647	4,362,358	56,422	210,055	3,673,138	19,416,719
Maternity	48,262		4,815,552	4,098	9,533		59,245	21,423	117	3,489	8,973	4,970,692
Mental Health	5,238,420	424,094		35,965	1,605		103,125	341,580	12,398	441	55,566	6,213,194
Substance Misuse				49,347	2,985		326,953	573,781	17,031	820	49,628	1,020,545
Medium Complex Conditions		206		1,655,331	822,266	32,576	1,528,631	1,774,913	58,816	142,896	3,254,194	9,269,829
Low Complex Conditions		379		3,040,684	885,135	87,950	1,319,583	1,098,223	136,926	204,665	3,663,299	10,436,844
Child Major Conditions				1,067,546	527,309	11,758	1,323,885	881,242	5,904	1,941	683,933	4,503,518
Adult Major Conditions				3,017,016	4,021,440	20,386	3,411,349	1,449,489	71,434	99,225	5,542,098	17,632,437
Healthy and Low User		4,920							2,359,595	2,916,969	4,577,432	9,858,916
Total	6,447,321	22,092,671	4,851,526	17,035,051	7,917,140	761,304	15,021,058	17,884,910	2,764,710	3,614,002	22,483,831	120,873,524

\*Indicates values suppressed to protect confidentiality. Source: ISD Scotland

They show that:

- 68% of individuals are classed as Healthy and Low Users, compared to the national average of 64%.
- The single largest cohort was Healthy and Low Users–Prescribing which accounts for 49% of the total population.
- The balance of care for 10% of the population was in A&E services (11,970 people) i.e. this was their dominant service use. While not presented here the matrix looking at A&E attendances shows:
  - 52% of A&E attendances in 2016/17 (34,370) were from the Healthy and Low User demographic and 9% were from people classed as Frail.
  - Over half (52%) of A&E attendances were from people whose balance of care was not in A&E Services i.e. this was not their dominant service area. These people collectively spent 67 bed days only in hospital and had 1,872 outpatient attendances.
  - For those people whose balance of care was in A&E Services individuals from the mental health demographic (Mental Health-A&E) had on average 11 A&E attendances in 2016/17 and those from the Frail demographic (Frail-A&E) had on average 8.
- Individuals classed as frail represent the single largest cost group, £26 million. This represents over one fifth (22%) of total costs for the Partnership. The highest cost for these individuals was for those whose balance of care was in Geriatric Services.
- On average, individuals classed as Frail-Psychiatry cost £42,982 per person for the year. This is the largest cost per head across all cohorts. This is also where the largest bed days per head occur – 112. Therefore, on average each person in this cohort spends 31% of the year in hospital.
- Around a third of costs were for individuals classed as High Complex Conditions (16%) and Adult Major Conditions (15%). The largest service cost area for the former was in Elective Inpatient Services and for the latter in Prescribing.

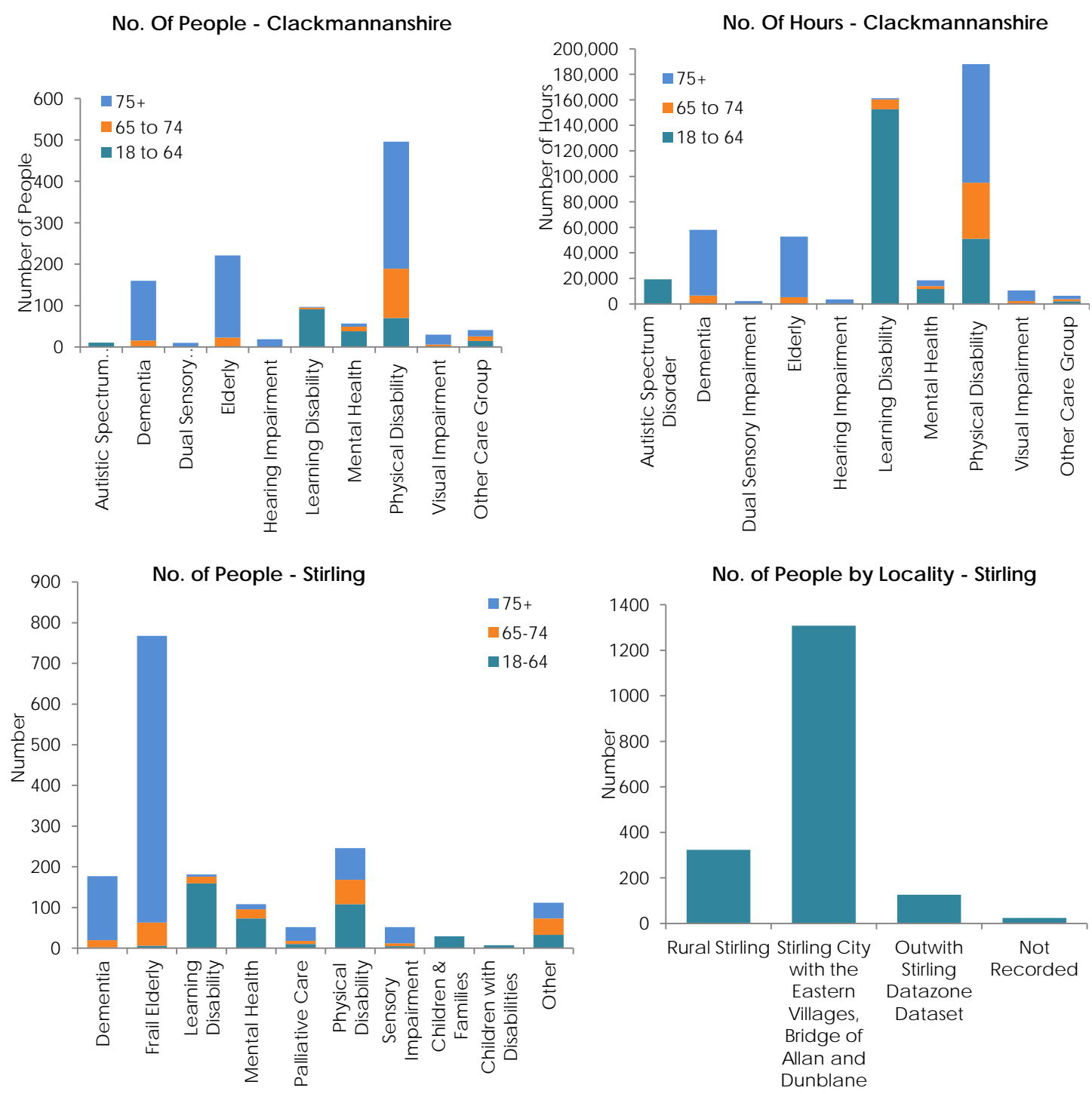
## 4.5 Care at Home

Care at home is care provided in a person’s own home to enable them to maintain their independence. It involves regular visits from a care at home worker and may include personal care, shopping, preparing meals and the collection of items such as pensions and prescriptions.

This section is based on information from Clackmannanshire and Stirling local authorities Information and Finance Services as well as care at home information provided as part of the Social Care Census. It will firstly present a profile of who is currently accessing the service and will then look at activity over time. Information on the age and client group of Stirling’s clients is based on information from their Information Services team (labelled SWISS). Determining annual intensity of service provision was however challenging and so high level information on clients, hours and costs based on actual activity was provided by Stirling’s Finance team (labelled Stirling Finance information and presented in a standalone table only) and provides a comprehensive picture. It is acknowledged that there are differences between the two with the Information teams data reflecting planned care (as opposed to actual care) as well as including clients involved with the service that do not have costs.

The figures below present information on the number of people receiving care at home in Clackmannanshire and Stirling in 2016/17. There may be differing recording practices between the two local authorities which should be considered in any interpretation.

Figure 4.5a: Care at Home Services, Clackmannanshire and Stirling, 2016/17



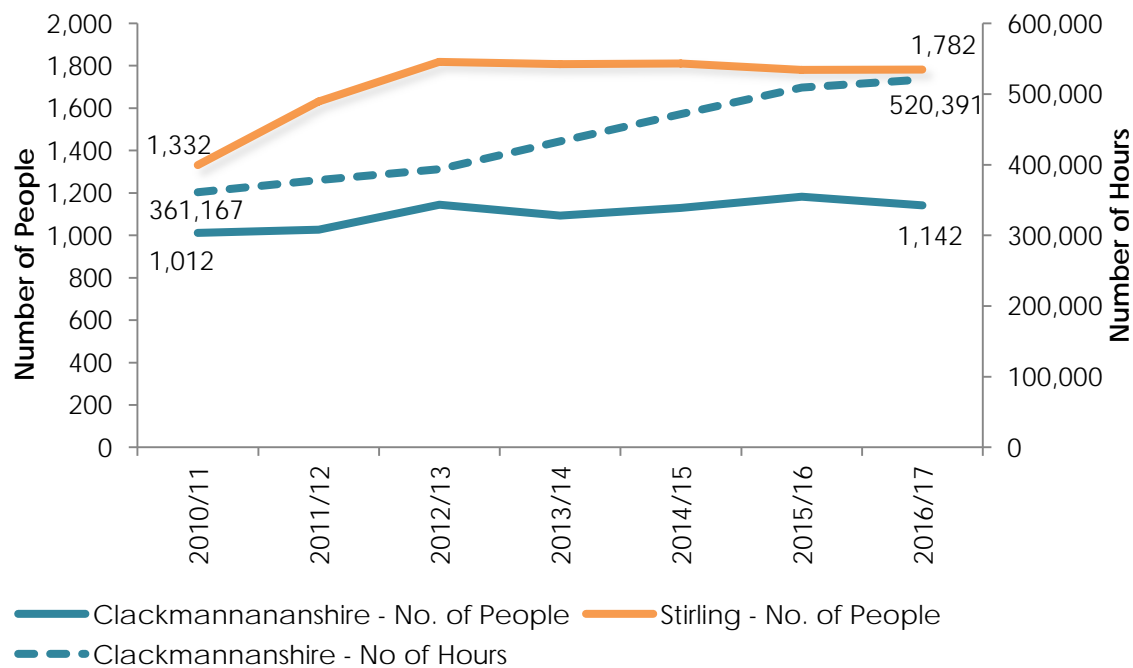
\*Age is as at 31<sup>st</sup> March. Stirling's information reflects the category 'Home Support' only and Information on the number of people by age and client group excludes cases with no date of birth and duplicate client groups. Stirling 'Other' includes: Asperger's Syndrome, Alcohol Misuse, Carer and Other. Rural North and Rural South classed as 'Rural Stirling' and Urban North and Urban South classed as 'Stirling City with the Easter Villages, Bridge of Allan and Dunblane'.  
Source: Clackmannanshire Community Care Information System and SWISS

They show that:

- In 2016/17 there were 1,142 people (18+) receiving care at home in Clackmannanshire (totalling 520,391 care plan hours provided) and 1,782 people in Stirling. Almost three quarters (73%) of Stirling clients were in Stirling City with the Eastern Villages, Bridge of Allan and Dunblane locality which is reflective of the proportion of their population in Stirling. Of the three localities Clackmannanshire had the highest rate of adults 18+ receiving care at home (27.8 per 1,000) than Stirling City with the Eastern Villages, Bridge of Allan and Dunblane (23.4 per 1,000) and Rural Stirling (16.2 per 1,000).
- Around sixty percent were female in both local authorities (Clackmannanshire 60%, Stirling 61%) and almost two thirds were aged 75 and over (Clackmannanshire 64%, Stirling 62%).
- People with a physical disability were the largest client group in Clackmannanshire although a large proportion of care at home hours were for those with a learning disability. People classed as Frail Elderly was the largest client group in Stirling.
- In Clackmannanshire while those with a learning disability were a smaller (and younger) group they accounted for the second highest number of hours provided and two thirds (67%) of home care hours in 2016/17 were provided for people with either a physical or learning disability. While the number of hours provided for people with a learning disability has increased it has decreased for those with a physical disability.

The chart and table below show that while the number of people receiving care at home has been relatively stable in the past few years the number of hours of care has been increasing in Clackmannanshire and has risen and fallen in Stirling.

Figure 4.5b: Trend in Care at Home, 2010/11 to 2016/17



Source: Clackmannanshire Community Care Information System and SWISS

**Table 4.5a: Average Care at Home Hours per Week per financial year, Clackmannanshire**

Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Avg. hours per week	7,840	7,576	7,085	6,946	7,274	7,571	8,327	9,070	9,790	10,008

Source: Clackmannanshire Community Care Information System

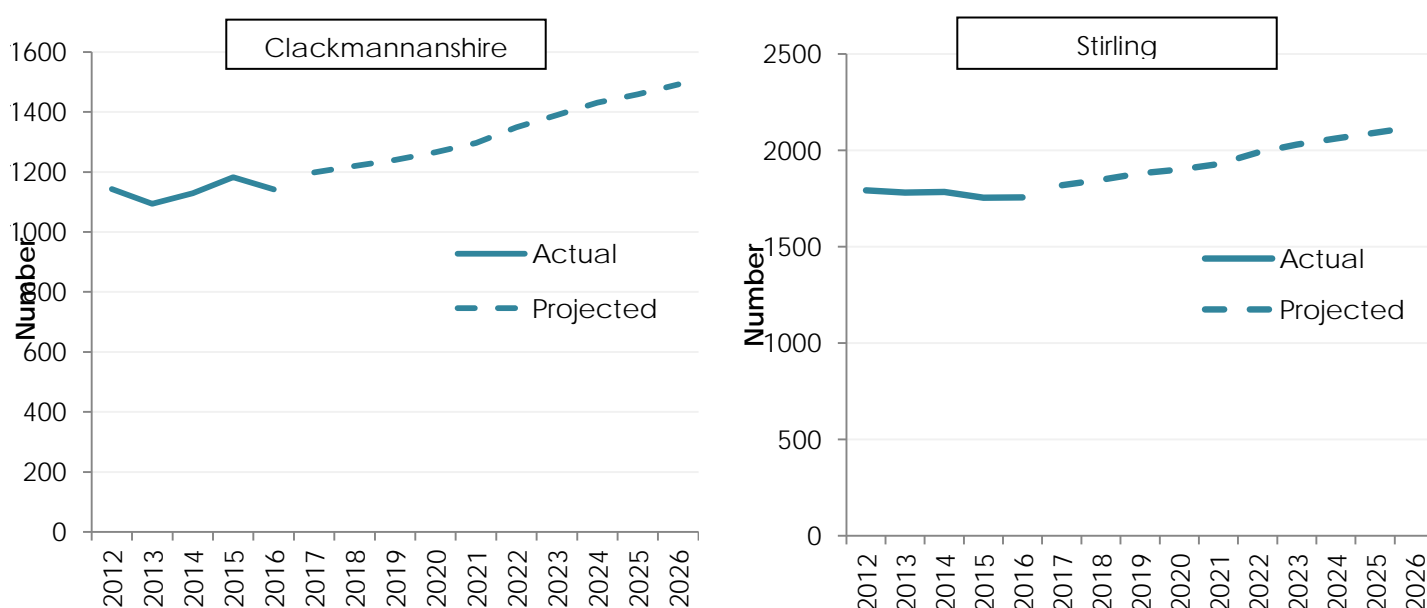
**Table 4.5b: Finance Information for Care at Home<sup>1</sup>, Stirling**

Care at Home	2013/14	2014/15	2015/16	2016/17	2017/18
Number of People	1,662	1,653	1,603	1,661	1,726
Number of Hours	881,793	947,020	892,759	879,021	881,208
Average Number of Hours per person	531	573	557	529	511
Costs	12,842,110	12,735,095	12,171,776	13,703,937	14,459,070

1. Includes personal care and non personal care and internal and external provision. Source: Stirling Finance Information

To give an indication of potential future demand population based projections were applied to recent care at home activity. A mean rate (based on the most recent three year care at home clients and mid year population estimates) was applied to population projections split by age and gender to estimate the number of care at home clients. This shows that based on recent activity the number of clients is predicted to increase.

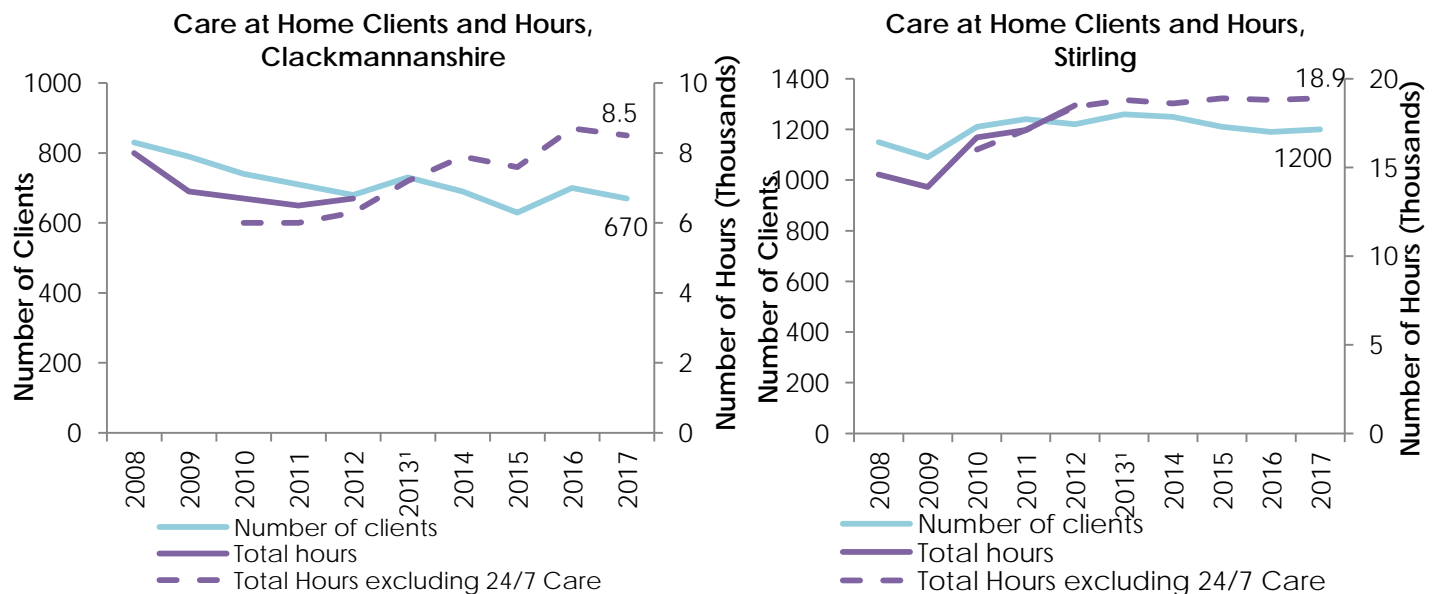
**Figure 4.5c: Projections on the Number of People receiving Care at Home**



\*Actual figures reflect the financial year. Source: Clackmannanshire Community Care Information System and SWISS.

Information on care at home is also provided as part of Scotland's Social Care Census. The charts below look at the number of care at home clients and hours provided during the census week and reflect the picture that in more recent years while the number of clients receiving care at home has been relatively stable the number of hours has been increasing in Clackmannanshire and been relatively stable in Stirling.

Figure 4.5d: Care at Home Clients and Hours Provided during the Census Week.



\*From 2013 local authorities were asked to code 24-7 care as Housing Support, not Home Care. All figures are rounded to the nearest ten. Source: Social Care Services 2017.

The Social Care census also offers additional insight into care at home provision including who provides the care and the intensity of care. The following provides an overview from the latest census.

- There were 670 people in Clackmannanshire and 1,200 in Stirling receiving Home Care services in March 2017. These people received 8,500 and 18,900 hours of Home Care respectively during the census week.
- **Clients aged 65+:** A large proportion of clients were aged 65 or over (500 in Clackmannanshire and 820 in Stirling). From 2008 to 2017 the rate per population of clients aged 65+ receiving home care has decreased in Scotland (64.5 to 48.9) and Clackmannanshire (76.8 to 50.6) and been relatively stable in Stirling (47.5 in 2017). In Clackmannanshire the majority of care at home clients (92%) and hours (85%) are provided by the private sector only. In Stirling while provision is more varied 61% of clients and 56% of hours are still provided by the private sector only.
- **Clients aged Under 65:** There were 170 home care clients aged 18-64 in 2017 in Clackmannanshire and 370 in Stirling. The rate per population of clients aged 18-64 receiving care at home services has been relatively stable over the past few years and in 2017 was 4.8 in Clackmannanshire and 6.4 in Stirling. The majority of provision (clients and hours) was provided by either the private or voluntary sector only.
- **10+ Hours:** In 2017 39% of all clients in Clackmannanshire and 43% in Stirling were receiving greater than 10 hours of home care a week. This is slightly more than 37% nationally. A similar proportion of those aged 65 and over received greater than ten hours a week (34% Clackmannanshire, 39% Stirling, 35% Scotland) with over half of those aged under 65 receiving greater than 10 hours (Clackmannanshire 55%, Stirling 53%, Scotland 50%).
- **Long term care needs:** 68.3% of people aged 18+ with long term care needs received personal care at home in Clackmannanshire and 65.8% of people in Stirling. This is greater than 60.6% nationally. 43.8% of people aged 65 and over with long terms care needs received 10+ hours of home care in Clackmannanshire and 42.3% in Stirling. This compares to 35.2% in Scotland.

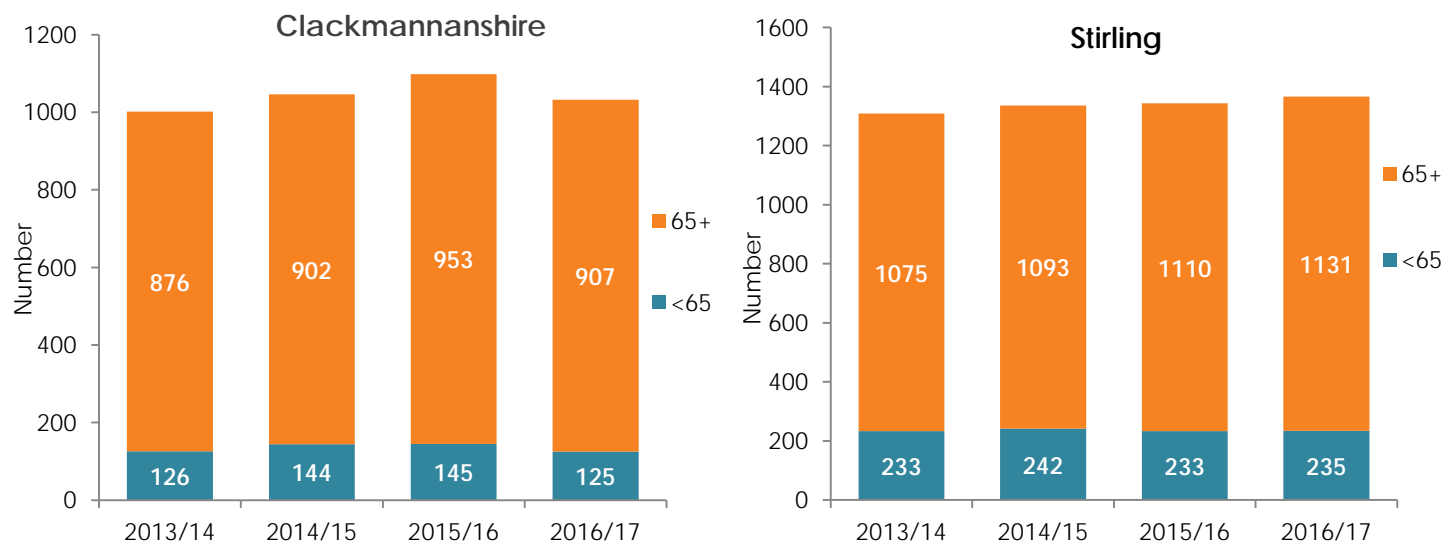


4.5.1: Personal Care

At present personal care is free for people aged 65 and over only. From April 2019 however there is a new Scottish Government policy that takes effect which introduces free personal care for everyone who requires it, regardless of age, and that will likely have an impact on demand. This section aims to give an overview of current personal care provision while considering the potential impact of this new policy.

The number of care at home clients in receipt of personal care has generally been increasing in recent years. While the majority are 65 and over (88% in Clackmannanshire and 83% in Stirling in 2016/17) there are still a number under 65.

Figure 4.5.1a: Number of Care at Home Clients in receipt of Personal Care by Age Group, 2013/14-2016/17



Source: Clackmannanshire Community Care Information System and SWISS

In 2017/18 the number of clients increases with 1,062 people receiving personal care in Clackmannanshire (86% aged 65+, 14% aged 18-64) totalling 377,258 hours (74% aged 65+, 26% aged 18-64). In Stirling there were 1,420 clients.

To determine the impact of the new policy information was obtained from a comparator Partnership that already provides free personal care to people under 65 years of age. This shows that 79% of home care clients aged under 65 received personal care during a Census week and on average received 36 hours a week. This is greater than the proportion receiving personal care either throughout the year or during the same census week (for Stirling) across the Partnership. While methodologies differ this gives an indication of a potential growth in demand which will have workforce and cost implications.

**Table 4.5.1a: Comparison of Care at Home Clients receiving Personal Care**

Home care clients <65 receiving personal care	Clackmannanshire	Stirling		Comparator Partnership
	Annual	Annual	Census	Census
% Home Care clients receiving Personal Care	55%	54%	49%	79%
Average Hours per week (approx)	13	-	19	36

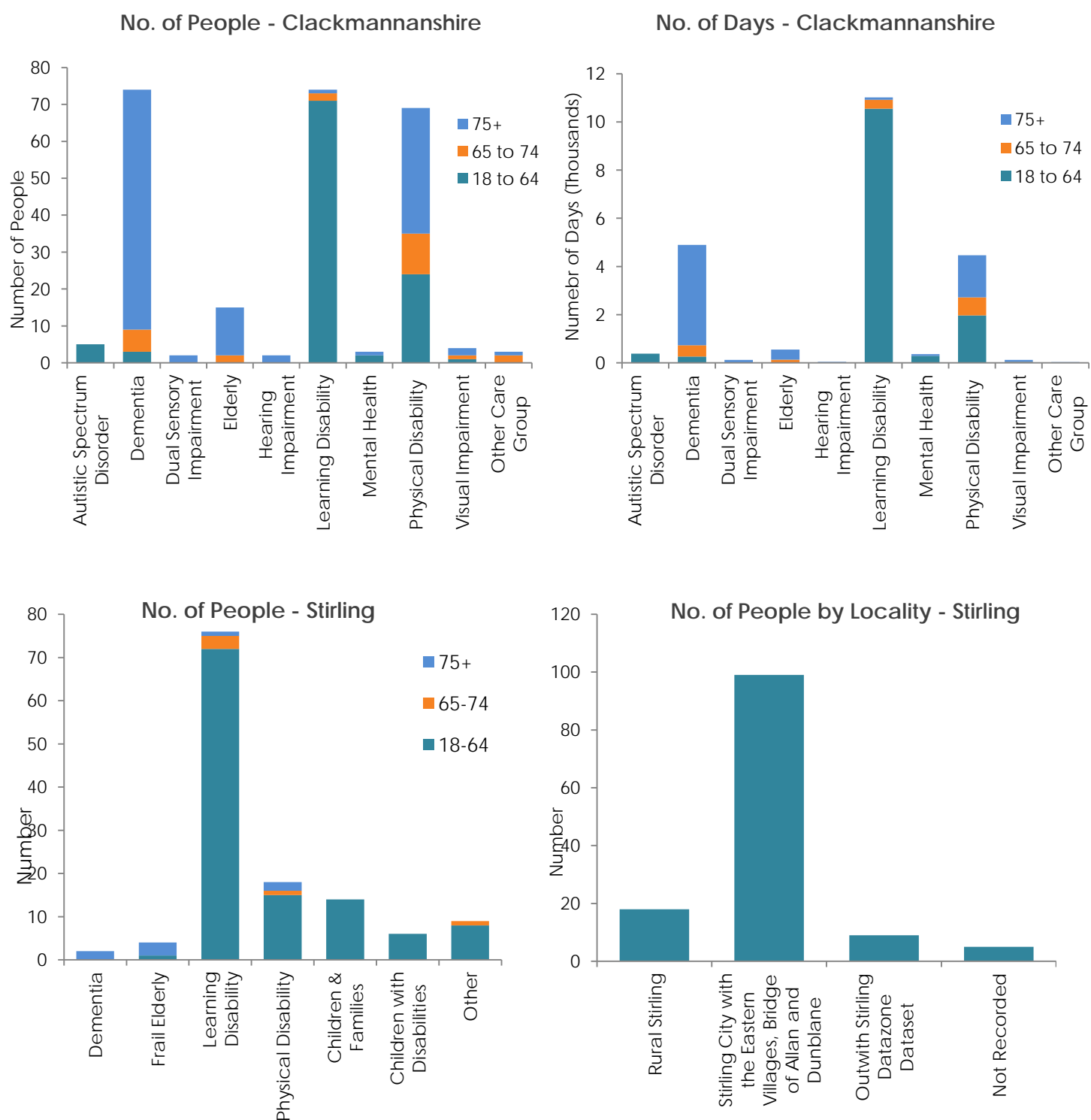
\*Clackmannanshire and Stirling Annual figures and Comparator Partnership Census figure reflects home care only. Stirling Census figures also include reablement and rehab clients. Figures reflect the 2016/17 financial year and the 2017 census date with the exception of Clackmannanshire's average weekly hours which reflect the 2017/18 financial year.

## 4.6 Day Care

Day care offers personal care during the day for those who are assessed as needing it and is usually provided in a day care centre for those with complex physical and social care needs.

This section is based on information from both Clackmannanshire and Stirling local authorities Information and Finance Services. It will firstly present a profile of who is currently accessing the service and will then look at activity over time. Information on age and client group of Stirling's clients is based on information from their Information Services team (labelled SWISS). Determining annual intensity of service provision was however challenging and so high level information on clients, hours and costs based on actual activity was provided by Stirling's Finance team (labelled Stirling Finance information and presented in a standalone table only). This provides a comprehensive picture although it is acknowledged there is a slight variation between the two. There may also be different recording practices between the two local authorities which should be considered in any interpretation.

Figure 4.6a: Day Care Services in Clackmannanshire and Stirling, 2016/17



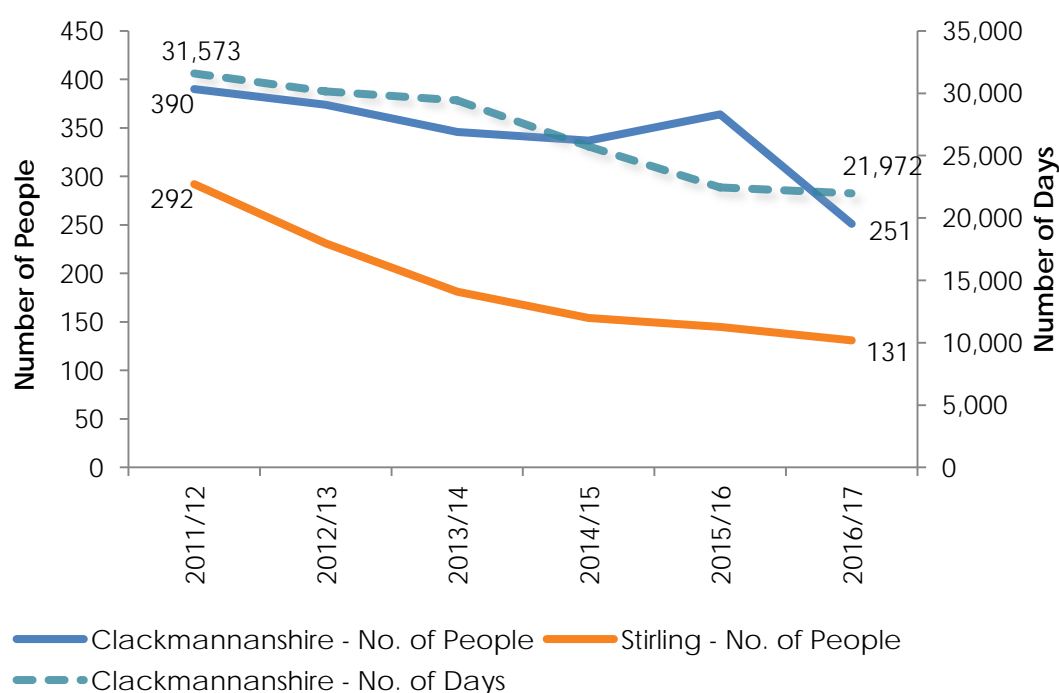
\*Age is as at 31<sup>st</sup> March. Stirling 'Other' includes Asperger's Syndrome, Sensory Impairment and Other. Rural North and Rural South classed as 'Rural Stirling' and Urban North and Urban South classed as 'Stirling City with the Easter Villages, Bridge of Allan and Dunblane Source: Clackmannanshire Community Care Information System and SWISS

- In 2016/17 there were 251 people (18+) known to social services receiving day care in Clackmannanshire totalling 21,972 days and 131 clients in Stirling. Three quarters of Stirling clients were in the Stirling City with the Eastern Villages, Bridge of Allan and Dunblane locality which is reflective of the proportion of their population in Stirling.

- The age profile of day care clients differs across the Partnership. The majority of Stirling clients (90%) were aged under 65 and in Clackmannanshire 42% were under 65 and 48% aged 75 and over.
- Of those accessing day care services clients with a learning disability featured prominently in terms of the number of clients in Stirling (58%) and the number days provided in Clackmannanshire (half). In Clackmannanshire those with dementia and a physical disability accounted for a further 43% of day care days provided. Those with a learning disability were predominately in the younger age group (18-64).

The figures below show that the number of people accessing day care services across the Partnership has decreased considerably. While it has fluctuated the average number of days per client per year in Clackmannanshire is currently at its highest at 87.5 days. In Stirling finance information also reflect the decrease in the number of clients, hours and cost. The decrease in day care provision may be a reflection of the introduction of the charging policy for day care which came into force in 2013 in Clackmannanshire and 2011 in Stirling.

**Figure 4.6b: Trend in Day Care Services in Clackmannanshire and Stirling, 2011/12-2016/17**



Source: Clackmannanshire Community Care Information System and SWISS

**Table 4.6a: Average Number of Days per financial year, Clackmannanshire**

Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Avg. Number of Days	81.6	78.9	78.8	79.8	81.0	80.6	85.1	76.4	61.6	87.5

Source: Clackmannanshire Community Care Information System

**Table 4.6b: Finance Information for Day Care<sup>1</sup> in Stirling**

Day Care	2013/14	2014/15	2015/16	2016/17	2017/18
Number of People	179	136	137	119	122
Number of Hours	100,680	77,629	73,961	66,959	64,250
Average Number of Hours	562	571	540	563	527
Costs	1,465,171	1,146,027	1,110,718	1,103,875	1,093,514

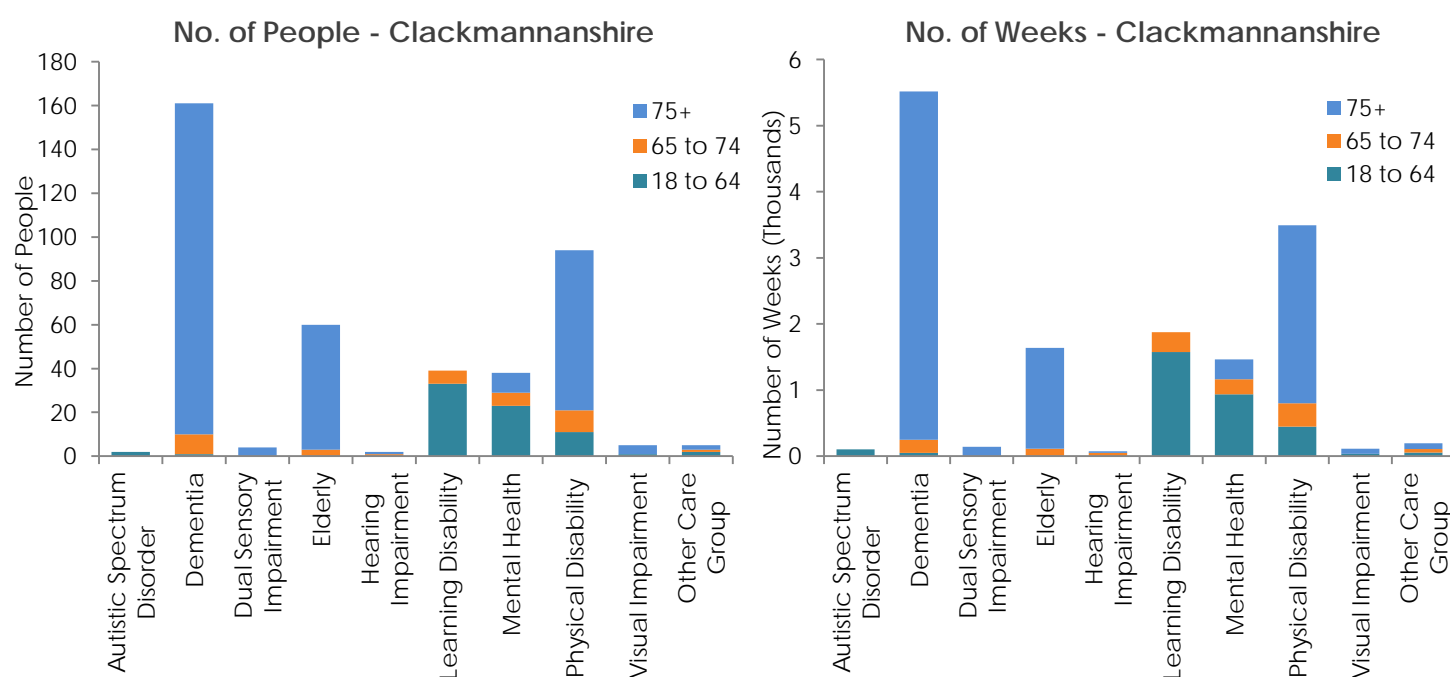
1. Includes personal care and non personal care and internal and external provision. Source: Stirling Finance Information

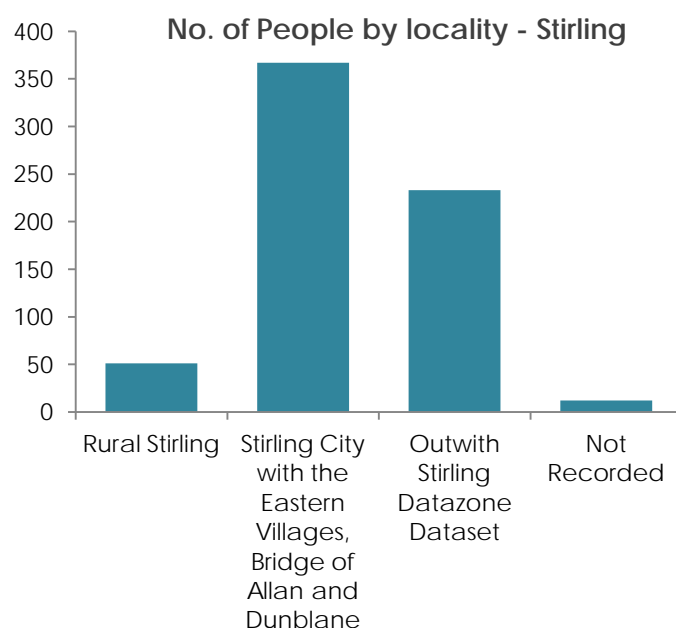
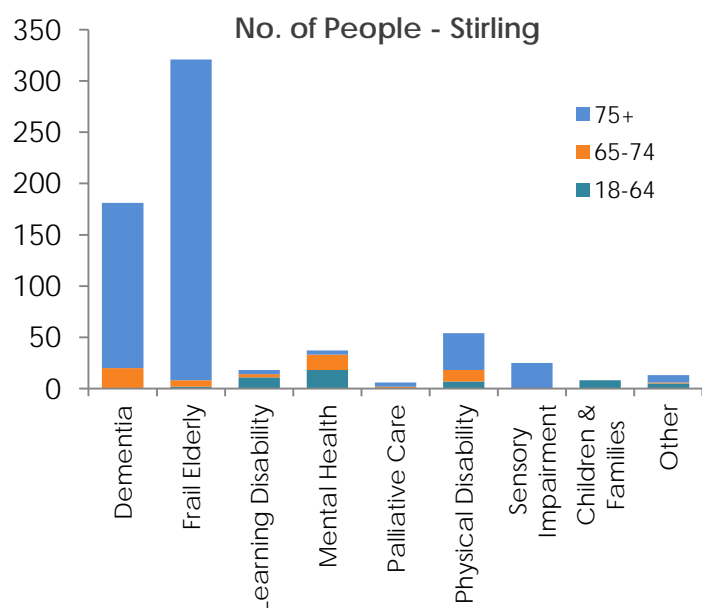
## 4.7 Residential Care

A care home is a place where people can live in a homely setting and have their needs met by trained staff. This section is based on both local information provided by Clackmannanshire and Stirling local authorities and information reported in the latest Scottish Care Home Census (2016). It will firstly present a profile of who is currently accessing the service and will then look at activity over time. Information on the age and client group of Stirling's clients is based on information from their Information Services team (labelled SWISS). Determining annual intensity of service provision was however challenging and so high level information on clients, weeks and costs based on actual activity was provided by Stirling's Finance team (labelled Stirling Finance Information). This provides a comprehensive picture although it is acknowledged that there are differences between the two with the Information teams data reflecting planned care (as opposed to actual care) as well as including clients involved with the service that do not have costs. There may also be different recording practices between the two local authorities which should be considered in any interpretation.

The charts below provide an overview of people currently provided with a residential placement across the Partnership.

**Figure 4.7a: Residential Care in Clackmannanshire and Stirling, 2016/17**





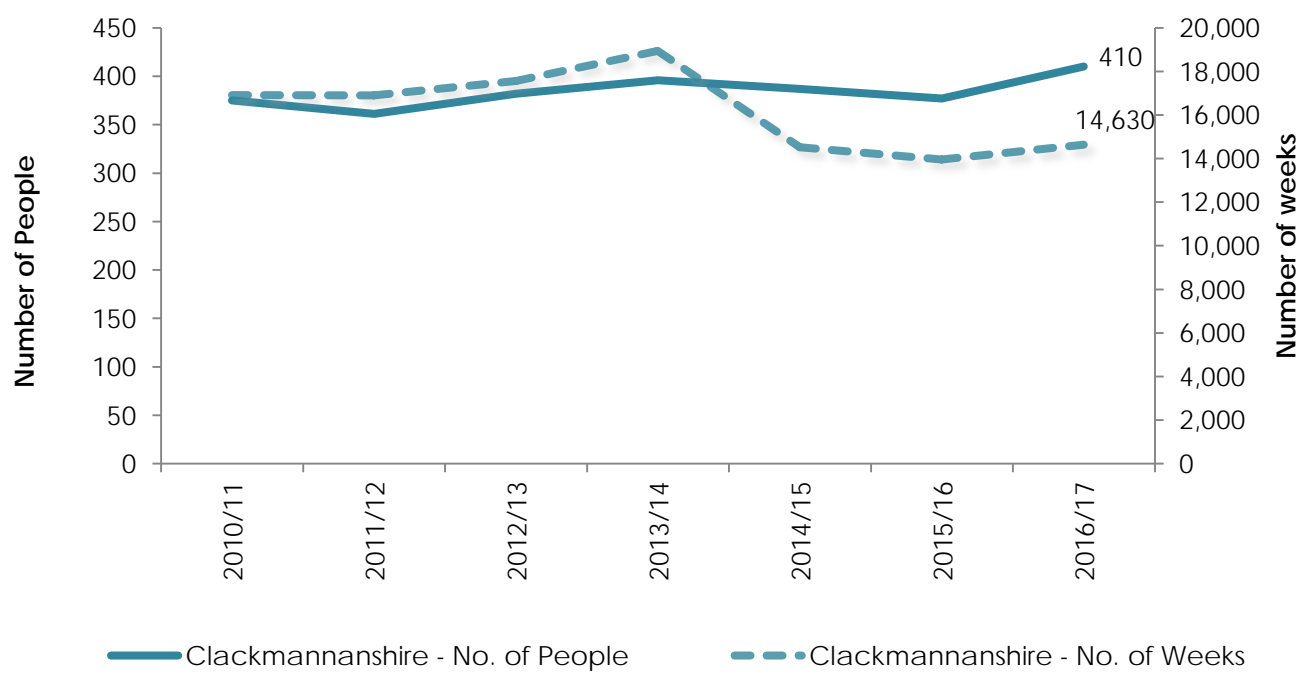
\*Age is as at 31<sup>st</sup> March. Stirling 'Other' includes Alcohol Misuse, Carer, Substance Misuse and Other. Rural North and Rural South classed as 'Rural Stirling' and Urban North and Urban South classed as 'Stirling City with the Easter Villages, Bridge of Allan and Dunblane' Source: Clackmannanshire Community Care Information System and SWISS

The charts above show:

- In 2016/17 there were 410 people (18+) and 14,630 weeks that were purchased or provided in Clackmannanshire and in Stirling there were 663 people. Over half of Stirling clients were in the Stirling City with the Eastern Villages, Bridge of Allan and Dunblane locality (categorised as Urban North and Urban South) and over a third were outwith Stirling local authority.
- The majority of people were aged 75 and over (73% in Clackmannanshire and 84% in Stirling) and more were female than male (61% in Clackmannanshire and 69% in Stirling).
- People with dementia were one of the larger client groups across the Partnership as was those with a Physical Disability in Clackmannanshire and the Frail Elderly in Stirling.
- In Clackmannanshire 13% of weeks provided or purchased were for people with a learning disability the majority of whom were under 65 years of age. In addition 70% of people provided with care home residency were resident in a nursing home, with a further 28% in a residential home.

The chart below presents information on the number of clients and the number of weeks for Clackmannanshire. Finance information on activity for Stirling clients (people, nights and costs) is presented in the table. Taken together they show that there is variation in care home residency across the Partnership. In Clackmannanshire while there has been a decrease in the number of weeks provided/purchased it has been relatively stable over the past few years.

Figure 4.7b: Trend in Residential Care in Clackmannanshire, 2010/11 to 2016/17.



Source: Clackmannanshire Community Care Information System

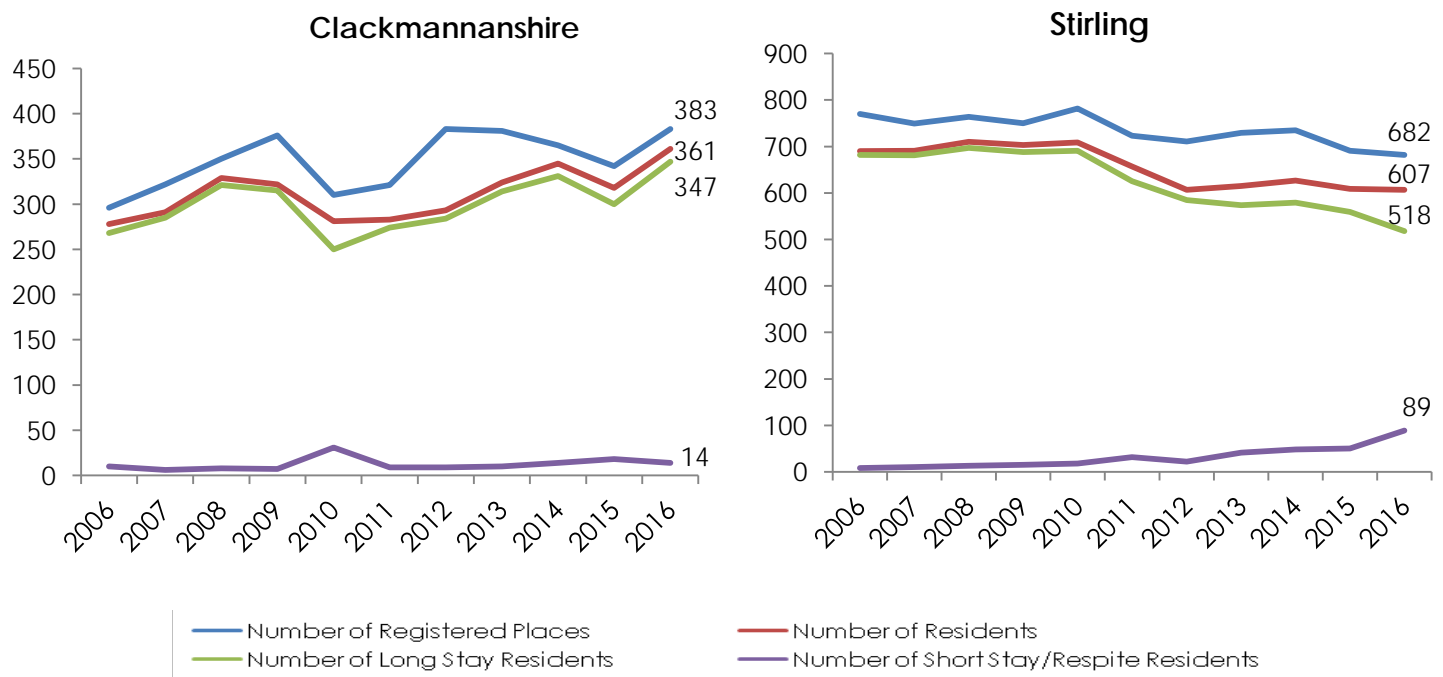
Table 4.7a: Finance Information for Residential Care in Stirling

Residential Care	2013/14	2014/15	2015/16	2016/17	2017/18
Number of People	711	684	696	710	714
Number of Nights	195,041	239,714	259,014	190,839	292,198
Costs	12,385,077	12,298,793	12,470,396	13,397,234	14,803,688

\*Includes instances where number of nights are recorded but no costs and costs recorded but no nights. Source: Stirling Finance Information

The Scottish Care Home Census is published annually and presents information on care home residents at a census point (31<sup>st</sup> March). It includes all residents, including self funders, and so differs from local information and also offers insight into whom is using care homes and how this is changing. The section below provides a high level overview from the latest Census for Clackmannanshire and Stirling care home residents.

**Figure 4.7c: Number of Residents and Registered Places, All Adults, Clackmannanshire and Stirling**



Source: Scottish Care Homes Census and Care Inspectorate Registration List 31 March 2006-31 March 2016

**Table 4.7b: Rate per 1,000 Residents and Long Stay Residents (18+) as at Care Home Census date, Clackmannanshire, Stirling and Scotland**

Residents, rate per 1,000 population (18+)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Clackmannanshire	7.1	7.3	8.2	8.0	6.9	6.9	7.2	7.9	8.4	7.7	8.8
Stirling	9.9	9.9	10.1	10.0	9.9	9.1	8.3	8.4	8.5	8.1	8.0
Scotland	9.3	9.2	9.0	9.0	9.0	8.8	8.7	8.5	8.5	8.3	8.4
Long Stay Residents, rate per 1,000 population (18+)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Clackmannanshire	6.9	7.2	8.0	7.8	6.2	6.7	7.0	7.7	8.1	7.3	8.4
Stirling	9.8	9.8	10.0	9.8	9.7	8.7	8.0	7.8	7.9	7.5	6.8
Scotland	9.0	8.9	8.7	8.6	8.6	8.5	8.4	8.1	8.1	7.9	7.9

Source: Scottish Care Home Census 2016 and NRS Mid Year Population Estimates (18+).

- Over the past ten years the overall number of care home residents has been increasing in Clackmannanshire and decreasing in Stirling (although recently has been levelling) and as at March 2016 there were 361 and 607 residents respectively. The majority were Long Stay Residents. Similarly, that rate per 1,000 residents and long stay residents (18+) has been decreasing in Stirling and nationally and increasing in Clackmannanshire.
- The majority of residents were classed in the Older People Client Group (75% in Clackmannanshire and 71% in Stirling in 2016). This compares with the Scotland average of 91%. (The client group refers to the majority of residents in the care home).
- There is variation across the Partnership in terms of the care home resident. In Clackmannanshire there seems to be a high complexity of need with 72% of all long stay

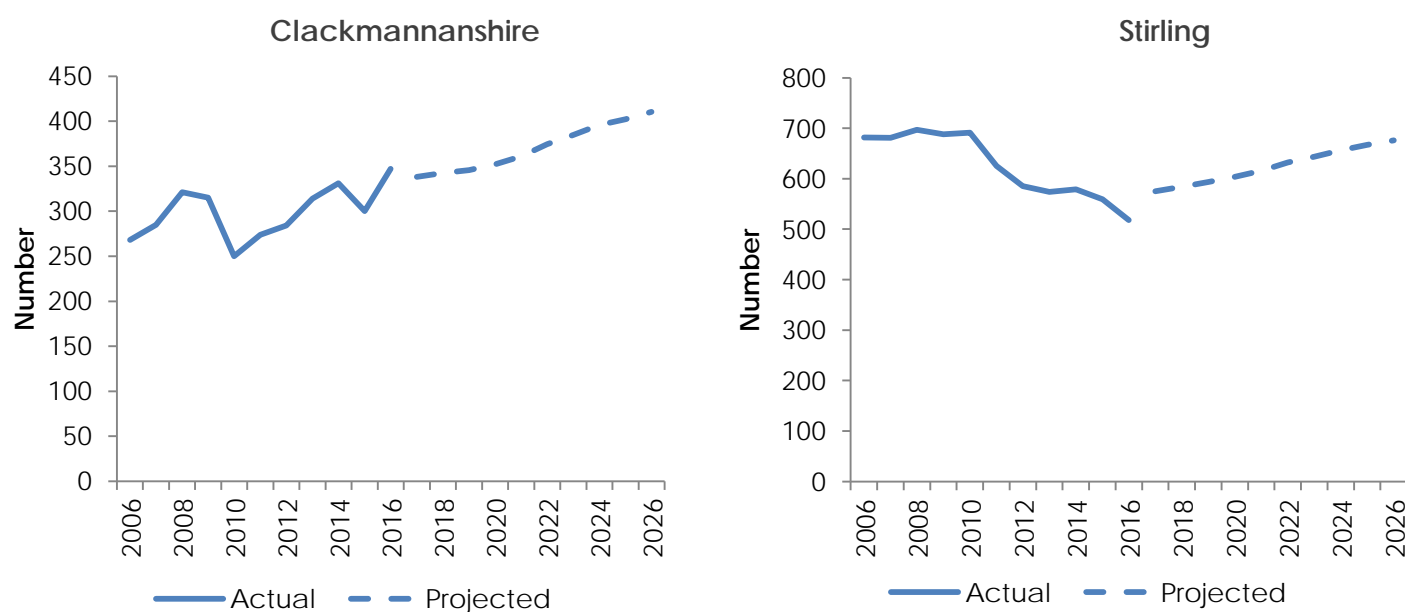


residents requiring nursing care and 44% had Dementia (diagnosed and not diagnosed). In Stirling 48% of all long stay residents required nursing care and 36% had dementia (diagnosed and not diagnosed). These percentages increase when considering the Older People's client group, particularly in Stirling where the percent requiring nursing care increases to 73% and dementia to 56%. In both local authorities 17% of all residents had a learning disability which decreases when considering the older people's client group.

- Length of stay also varies across the Partnership. In Clackmannanshire the average complete length of stay for all long stay residents was 1.5 years (median 0.9) with the average incomplete length of stay being 5.4 years (mean 2.5). In Stirling the average complete length of stay for all residents was 2.1 years (median 0.9) and the average incomplete length of stay was 4.6 years (median 2.5). The incomplete length of stay decreases considerably in both local authorities when considering the older people's client group.

To give an indication of potential future demand population based projections were applied to the number of care home census long stay residents (residents as at 31<sup>st</sup> March). A mean rate (based on the most recent three year long stay care home residents and mid year population estimates) was applied to population projections split by age and gender to estimate the number of long stay residential care clients. This shows that based on most recent activity the number of long stay residents in both Clackmannanshire and Stirling is predicted to increase. Although the number of Stirling long stay residents had been declining, applying population based projections shows an increase due to the anticipated increase in the older aged population.

**Figure 4.7d: Projected Number of Long Stay Residents (All Adults), Clackmannanshire and Stirling**



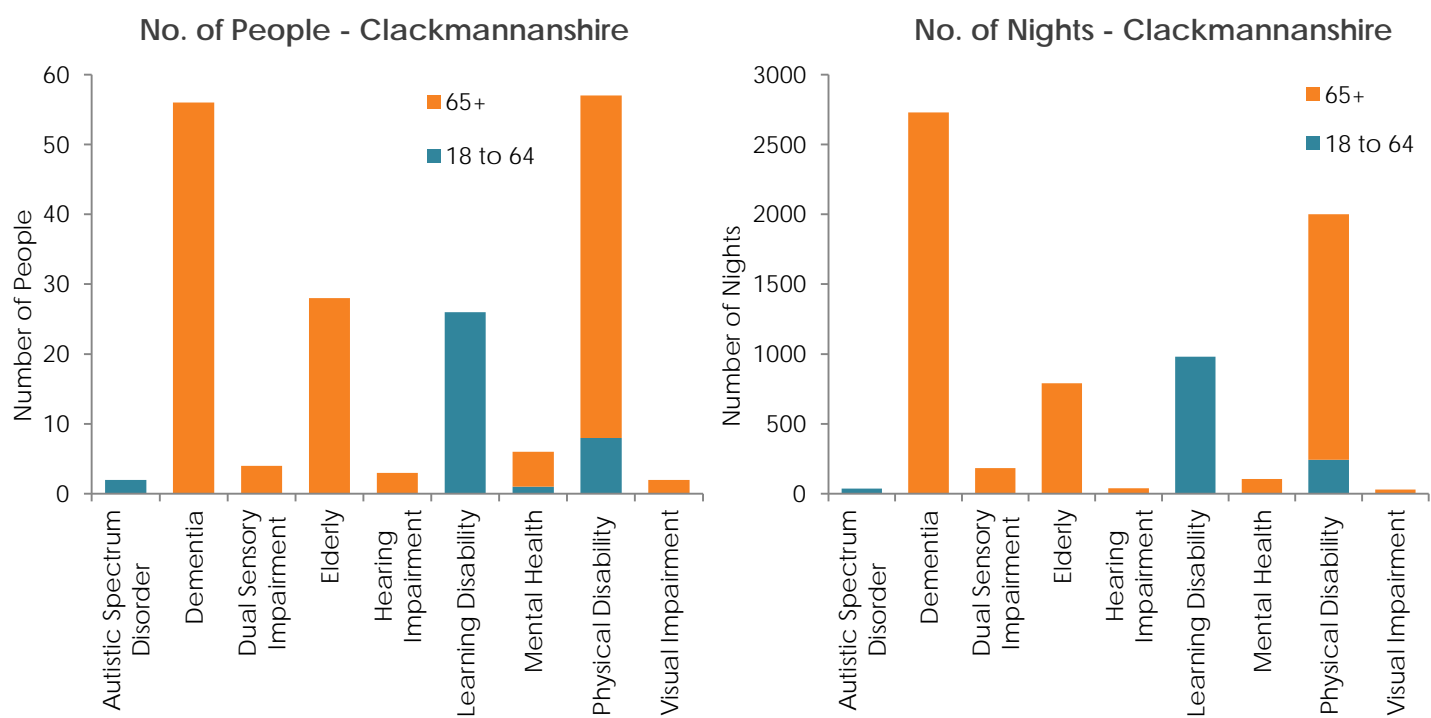
\* Actual figures reflect the care home census date. Source: Scottish Care Homes Census, 2016

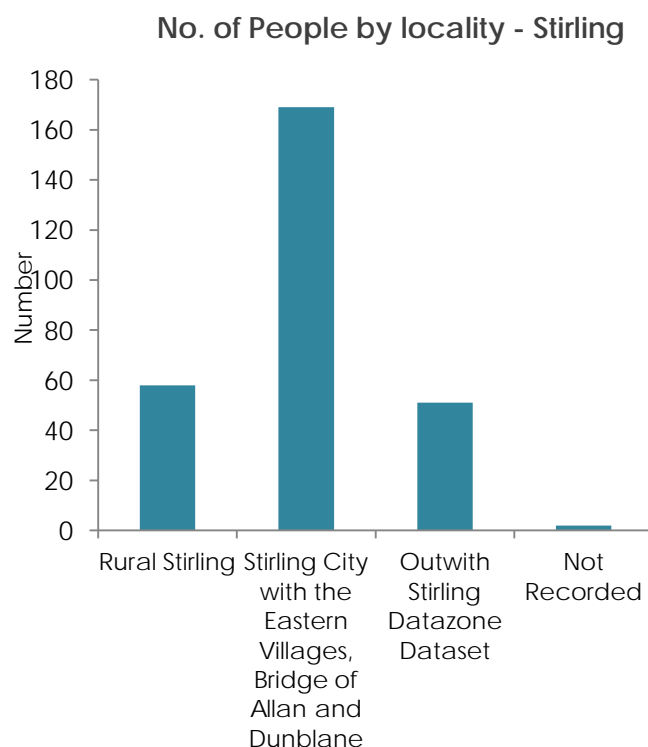
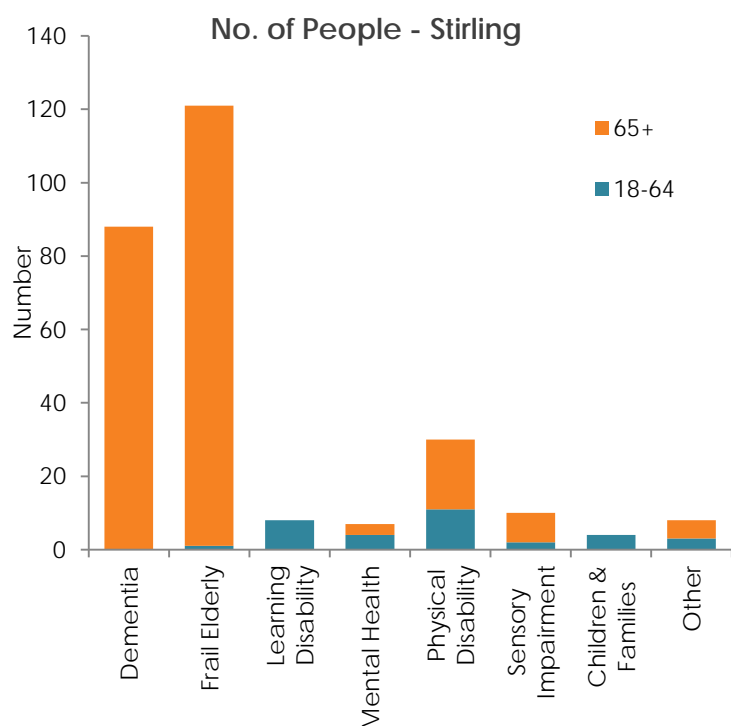
## 4.8 Respite Care

Respite care is a service intended to benefit a carer and the person they care for by providing a short break from caring tasks.

The following provides an overview of overnight respite care in Clackmannanshire and Stirling. It will firstly present a profile of who is currently accessing the service and will then look at activity over time. Information on the age and client group of Stirling’s clients is based on information from their Information Services team (labelled SWISS). Determining annual intensity of service provision was however challenging and so high level information on clients, nights and costs based on actual activity was provided by Stirling’s Finance team (labelled Stirling Finance Information and presented in a standalone table only). This provides a comprehensive picture although it is acknowledged that there is slight variation between the two. There may also be different recording practices between the two local authorities which should be considered in any interpretation.

Figure 4.8a: Overnight Respite Care in Clackmannanshire and Stirling, 2016/17



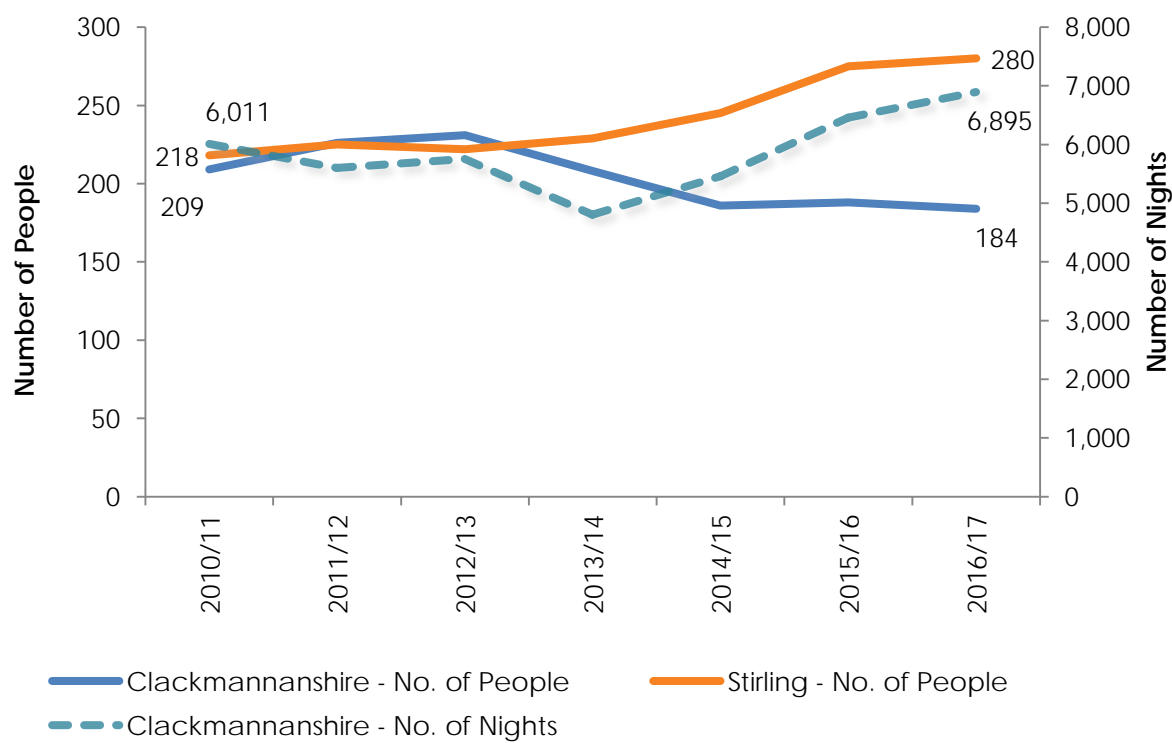


\*Age is as at 31<sup>st</sup> March. Stirling 'Other' includes Alcohol Misuse, Palliative Care and Other and four clients with multiple clients groups were excluded. Rural North and Rural South classed as 'Rural Stirling' and Urban North and Urban South classed as 'Stirling City with the Easter Villages, Bridge of Allan and Dunblane'. Source: Clackmannanshire Community Care Information System and SWISS.

- In 2016/17 there were 184 people (18+) known to social services receiving overnight respite in Clackmannanshire totalling 6,895 nights purchased or provided and 280 people in Stirling. Sixty percent of Stirling clients were in the Stirling City with the Eastern Villages, Bridge of Allan and Dunblane locality (categorised as Urban North and Urban South).
- The majority of clients across the Partnership were aged 65 and over.
- Of those accessing respite care clients with dementia featured prominently. In Clackmannanshire the two largest client groups were those with dementia and those with a physical disability – 40% of all overnight respite nights were for those with dementia and 29% for those with a physical disability. In Stirling the two main clients groups were those with dementia (32%) and those classed as Frail Elderly (44%).

The chart below provides information on the number of overnight night respite clients and, for Clackmannanshire, the number of nights. The table below provides finance information on activity in Stirling (people, nights and costs). Taken together they show that overnight respite provision has varied and continues to vary across the partnership. While in more recent years the number of clients has been relatively stable in Clackmannanshire the number of nights has increased. In Stirling there has been a slight increase in the number of people and, overall, an increase in nights.

Figure 4.8b: Trend in Overnight Respite in Clackmannanshire and Stirling, 2010/11-2016/17



Source: Clackmannanshire Community Care Information System and SWISS

Table 4.8a: Finance Information for Overnight Respite<sup>1</sup> in Stirling

Overnight Respite	2013/14	2014/15	2015/16	2016/17	2017/18
Number of People	237	247	273	275	276
Number of Nights	10,780	12,649	22,495	18,203	16,639
Costs	890,668	1,182,057	1,852,186	1,264,786	1,155,388

1. Includes instances where nights were recorded but no costs and costs recorded but no nights. Source: Stirling Finance Information

### 4.9 Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 seeks to protect and benefit adults at risk of being harmed. The Act provides ways to offer support and protection to adults who may be at risk of harm or neglect.

The table below gives an overview of the number of referrals, investigations and case conferences in Clackmannanshire and Stirling over the past five years. Information on Protection Plans is not currently recorded.

**Table 4.9a: Adult Support and Protection Services, 2013/14 to 2017/18**

Clackmannanshire	2013/14	2014/15	2015/16	2016/17	2017/18
Number of referrals	112	153	119	208	95
Number of investigations	14	23	29	6	25
Number of Case Conferences	14	13	15	1	3
Stirling	2013/14	2014/15	2015/16	2016/17	2017/18
Number of referrals	270	381	394	511	711
Number of investigations	57	42	56	46	122
Number of Case Conferences	41	21	24	8	19

Source: Clackmannanshire & Stirling Adult Support and Protection Report

- The number of referrals and investigations has increased dramatically in Stirling.
- The number of Case Conferences has declined in both local authorities.
- In Stirling Care Homes were the main source of referral (66%) followed by Professional Care Providers (11%), Social Work (7%), NHS (5%) and Family (4%). In Clackmannanshire the main referral sources were Professional Care Providers (19%), Care Homes (12%), NHS (11%) and Family (11%).
- With regards to investigations the main types of harm for both local authorities was physical followed by financial harm.

## 4.10 Transitioning Services

Young people who receive support from health and social care often still need support when they become adults and transitioning to adult services can be a difficult time for young people. Often the care will involve both health and social care and a range of professionals. Work is ongoing exploring information on children transitioning to adult services and how this can facilitate planning.

## 5 Risk Factors

Risk factors have an effect on a person's health and well-being. The [Strategic Needs Assessment 2016-19](#) included a comprehensive section looking at smoking, alcohol, drugs and diet and obesity and concluded that reducing risky behaviours such as these could have a positive effect on an individual's health. This section provides an overview of risk factors that were not included in the needs assessment – sexual health and blood borne viruses and alcohol and liver disease. While detailed information on diet and nutrition is not presented in the Scottish Health Survey for Clackmannanshire and Stirling diet and obesity was reviewed in the Strategic Needs Assessment which showed that obesity was a major problem nationally and data suggested that approximately a quarter of people in NHS Forth Valley were considered to be obese. Obesity is known to be a key contributor to long term conditions such as Type 2 Diabetes and coronary heart disease, both of which are life-limiting to the patients and costly to the joint services. The Scottish Government have released [A Healthy Future: Scotland's Diet and Healthy Weight Delivery Plan](#) which sets out a vision for a Scotland where everyone eats well and has a healthy weight.

## 5.1 Sexual Health and Blood Borne Viruses

The first Sexual Health and Blood Borne Virus Framework was published by the Scottish Government in 2011 and was subsequently updated in 2015. The Framework brought together policy on sexual health and wellbeing, HIV and viral hepatitis for the first time and set out five high-level outcomes which the Government wished to see delivered. These are:

1. Newly acquired blood borne viruses and STIs; fewer unintended pregnancies;
2. A reduction in the health inequalities gap in sexual health and blood borne viruses;
3. People affected by blood borne virus(es) lead longer, healthier lives
4. Sexual relationships are free from coercion and harm.
5. A society whereby the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

This section aims to provide a high level summary of information on blood borne viruses and sexually transmitted infections in Forth Valley.

**HIV:** In 2016 there were 13 new HIV diagnoses in people resident in NHS Forth Valley, an increase from 7 the previous year. As at 31 December 2016 there were 175 people aged 16 and over that had been diagnosed with HIV, 84% who were attending specialist HIV services. Men who have sex with men (MSM) are the group most at risk of HIV in Scotland and in 2015/16 an estimated 13% nationally remained unaware of their infection<sup>2</sup>. Late infection, undiagnosed infections and stigma remain a concern and improving testing and attitudes remains a priority. **Hepatitis C Virus (HCV):**

Epidemiological evidence shows 0.7% of the Scottish population have chronic hepatitis C, In Forth Valley that approximates to around 2,100 people. In the past few years there were around 100 new patients diagnosed a year and by December 2016 there were 880 diagnosed cases who were still living, 27% who were attending HCV specialist services. There are still a large number of patients with undiagnosed hepatitis C in Forth Valley with approximately 40% of chronically infected people in Scotland still undiagnosed. Injecting drug use continues to be the most prominent risk factor for HCV infection in Scotland, accounting for over 90% of infections<sup>1</sup>. **Hepatitis B:** In 2016 there were 9 diagnoses of chronic HBV infection and 47 people were estimated to be living with it in Forth Valley. In Scotland acute HBV infection is at its lowest level for several decades and HBV treatment services are highly effective.

**Sexually transmitted infection (STI):** In 2016 there were 98 diagnoses of gonorrhoea in NHS Forth Valley, 80% of which were men. The diagnoses rate of gonorrhoea (per 100,000 population) was 80 for men and 20 for women (this compares to Scotland's diagnoses rate of 100 for men and 34 for women). During 2015 and 2016 there have been sustained high levels of infectious syphilis and gonorrhoea diagnoses and a stable number of Chlamydia diagnoses in Scotland.

In 2015 NHS Forth Valley undertook a Sexual Health and Blood Borne Virus (BBV) Needs Assessment aimed to help understand the sexual health and blood borne virus needs of Forth Valley and to establish how the current supply of services can be modified to best meet their needs. It focused on particular groups who may be more vulnerable or marginalised, suffer discrimination or experience inequalities in sexual and BBV health. It identified a number of key themes for action around further

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<sup>2</sup> Health Protection Scotland (2017). *Blood borne viruses and sexually transmitted infections, Scotland 2017*.

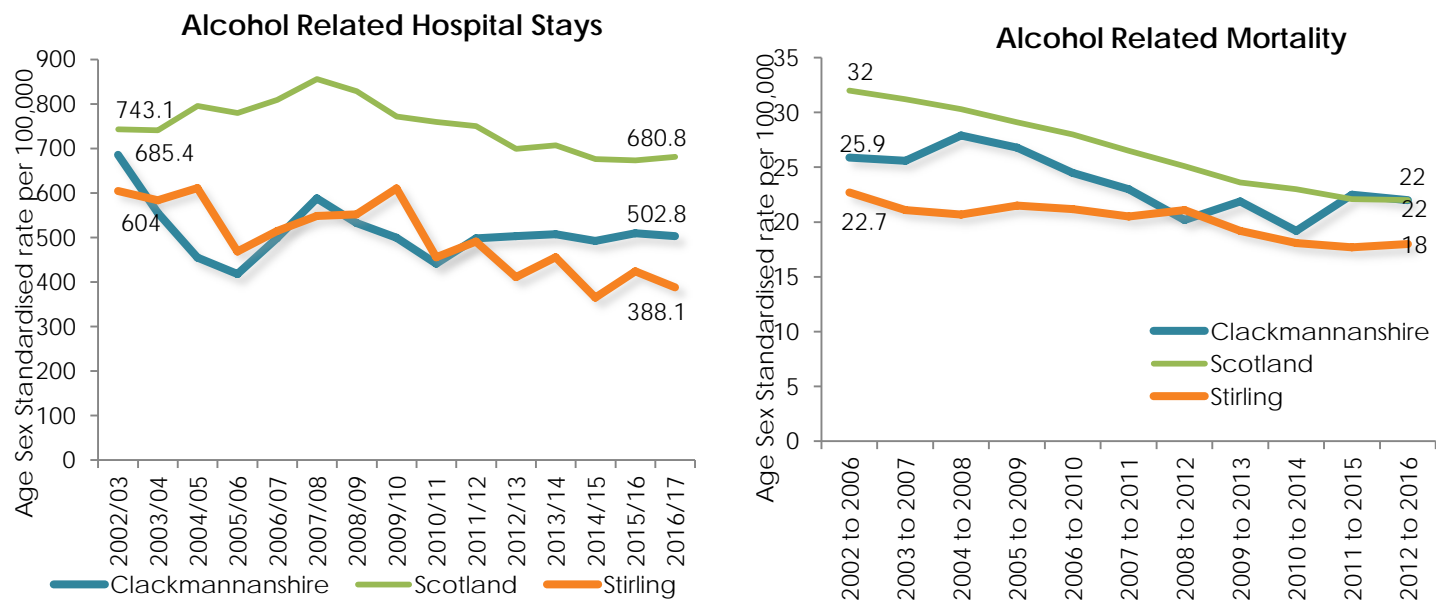
work to understand the needs of specific populations, service user feedback, training, staffing, clinic and resource recommendations as well as improvements in data collection and processing.

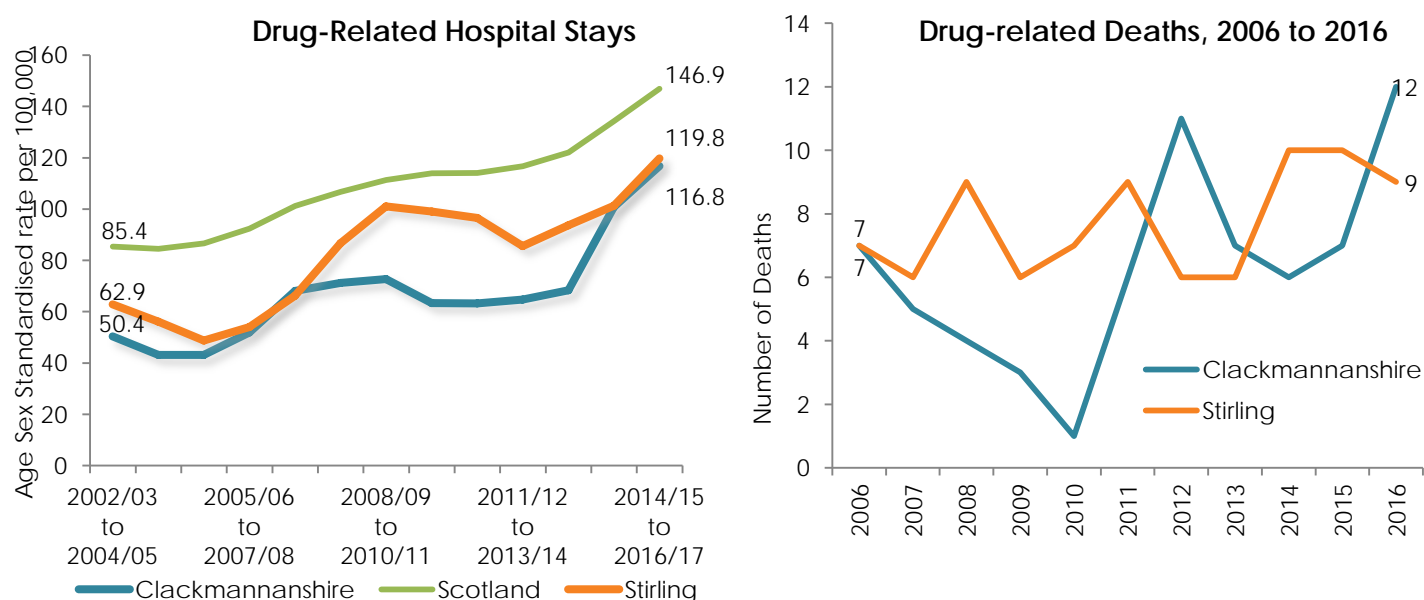
## 5.2 Alcohol and Liver Disease

Alcohol related health issues are a major concern for public health in Scotland. Excessive consumption of alcohol can cause both short-term and long-term health and social problems. This includes liver and brain damage, as well as mental health issues, and it is also a contributing factor in cancer, stroke and heart disease. This section will look at alcohol and liver disease statistics as well as drug related hospital stays and mortality.

**Alcohol and Drug Related Hospital Stays and Mortality:** The charts below show that across the Partnership there has been a decreasing trend in alcohol related hospital stays and alcohol related mortality and there has been a lower rate of alcohol related hospital stays than Scotland. Conversely there has been an increasing trend in drug related hospital stays although the rate is lower than that nationally. In more recent years the rate of alcohol related hospital stays and mortality has been levelling off in Clackmannanshire. The number of drug-related deaths is small and while fluctuating, overall there has been a slight increase in the past ten years. A Drugs and Alcohol Needs Assessment is currently being carried out by the Alcohol and Drugs Partnership (ADP) which will provide more information and analysis.

Figure 5.2a: Alcohol and Drug Related Hospital Stays and Mortality



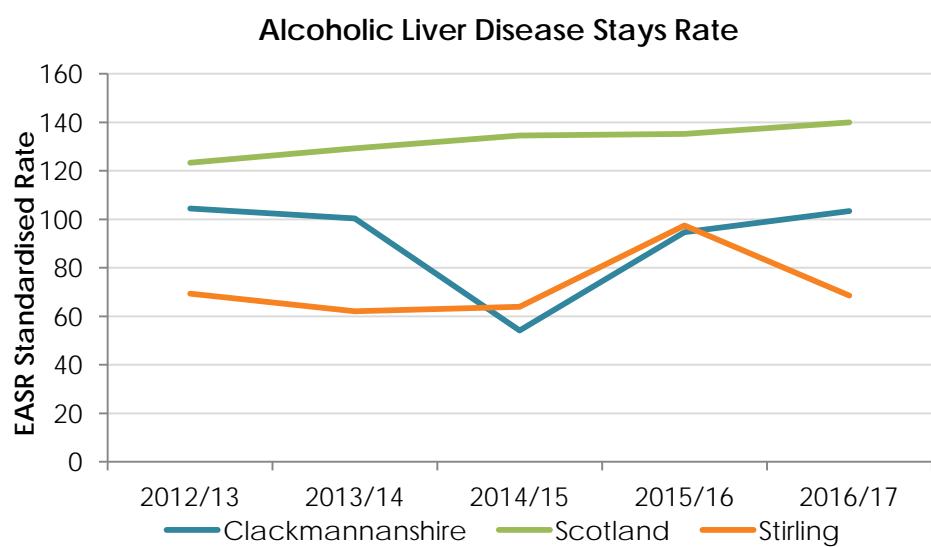


Source: ISD Scotland (SMR01)/National Records of Scotland (NRS)

**Alcoholic Liver Disease:** There are several diagnostic codes that make up the classification alcoholic liver disease; these include reversible conditions such as fatty liver disease as well as conditions where damage to the liver may be longer lasting, such as cirrhosis and hepatitis. Hepatic (liver) failure is an end-stage event that results from severe liver damage.

The increase in the rate of alcoholic liver disease stays nationally has not been reflected in Clackmannanshire and Stirling. While the rate in both has remained below the national average it has fluctuated sharply.

Figure 5.2b: Alcohol Liver Disease Stays Rate



Source: ISD Scotland



## 6 Population Health

The Strategic Needs Assessment included a comprehensive section on the health of the population including Life and Healthy Life Expectancy, Long Term Conditions, Multi-morbidity, Disability, Mental Health, Premature Mortality and Causes of Death. Amongst others it determined that the number of long term conditions and multi-morbidities were projected to increase as the proportion of the older adults in the population rises. This section will provide an overview of areas not covered in the initial needs assessment, neurological conditions, suicide and autism, as well as outlining findings from the Burden of Disease study.

### 6.1 Neurological Conditions

Neurological conditions are neurological disorders or diseases of the central and peripheral nervous system. They affect people in different ways and some can be treated and/or get better over time, other's need specialist treatment and some currently have no cure or effective treatment. Some neurological conditions are a significant cause of morbidity and mortality in Scotland, some are chronic and disabling. The National Advisory Committee for Neurological Conditions (NACNS) was established in 2016 and is supporting the development of Scotland's first national action plan on neurological conditions which will include the development of a data set on prevalence and NHS activity.

The following aims to give a brief overview of the prevalence of some neurological conditions as reported by each organisation (website in brackets).

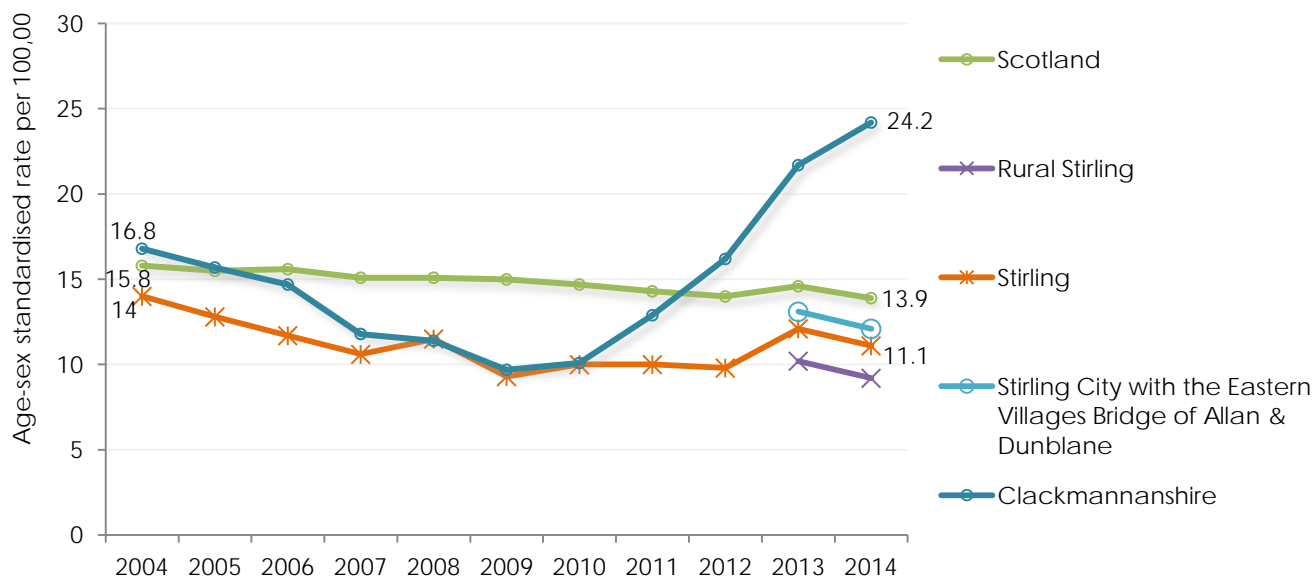
- **Parkinson's** is a progressive neurological condition, this means that it causes problems in the brain and gets worse over time. The number of people diagnosed with Parkinson's in the UK in 2018 is estimated to be around 145,000. Most people who get it are aged 50 and older but younger people can get it too. More than 12,000 people in Scotland are now living with Parkinson's and numbers are continuing to rise. In 2018 over 1,500 people in Scotland will be diagnosed with Parkinson's – about 30 people every week, the increases being driven by the growing and ageing population. 85% are aged over 65. Research looking at the prevalence and incidence rates of Parkinson's in the UK in 2015 using data from the Clinical Practice Research Datalink showed the estimated prevalence (based on population 20+) and yearly incidence (based on population 45+) of Parkinson's in 2015 in Clackmannanshire was 110 and 14 respectively and in Stirling, 201 and 25 respectively. The full report can be accessed at [www.parkinsons.org.uk](http://www.parkinsons.org.uk).
- **Progressive supranuclear palsy (PSP)** is a neurological condition caused by the premature loss of nerve cells in certain parts of the brain. There are believed to be around 4,000 people living with PSP in the UK at any one time. [[www.pspassociation.org.uk](http://www.pspassociation.org.uk)]
- **Huntington's disease (HD)** is a hereditary illness that causes damage to certain areas of the brain and affects a person's movement, thoughts, behaviour and training. Symptoms can occur at most any age but most commonly appear between the ages of 35 and 44. The exact number of people affected is not known but it is generally stated that 1:10,000 people have HD but research in Scotland shows this varies enormously from area to area and a good estimate is that there are about 850 in Scotland who currently have it and between 4,000-6,000 people living with the risk of inheriting it. [[www.hdscotland.org](http://www.hdscotland.org)]

- **Multiple sclerosis (MS)** is a condition of the central nervous system and affects around 100,000 people in the UK. It is most often diagnosed in people between the ages of 20 and 40 and women are almost twice as likely to develop it as men. Prevalence rates vary around the UK with the estimated number of people with MS in Scotland as high as 209 per 100,000 (MacKenzie et al, 2013). The Scottish MS Register National Report 2017 shows the average annual incidence of patients diagnosed with MS per 100,000 population (2010-2016) in Forth Valley was 9.09 and in Scotland was 8.69. In 2016 there were 34 people living in Forth Valley that had a new diagnosis of MS. The average age of people newly diagnosed with MS in Scotland is 41 years old and since 2010 there are 2.3 females to every male diagnosed with MS.
- **Motor Neurone Disease** is a rapidly progressing terminal illness which stops signals from the brain reaching the muscles. It affects up to 5,000 adults in the UK at any one time and there is no cure. [www.mndassociation.org]
- **Multiple system atrophy (MSA)** is caused by atrophy or shrinking of nerve cells in the brain and recent research suggests it affects about 5 people per 100,000 so that at one time there are almost 3,300 people living with MSA in the UK. It usually starts between 50-60 years of age but can affect people younger and older. [www.msatrust.org.uk]
- **Dementia.** The Strategic Needs Assessment included a specific section on dementia including projections using dementia prevalence rates. This demonstrated not only that there will be a lot more people with dementia if we see the projected increase in the older adult population but also a significant difference in the number of female cases to males. Alzheimer Scotland has estimated that in 2017 the number of people with dementia in Clackmannanshire to be 837 (32 under 65, 804 65+) and 1,650 in Stirling (54 under 65, 1,596 65+).

## 6.2 Suicide

Suicide is a significant public health issue in Scotland and there are inequalities in suicide risk with those in lower socio-economic positions at a higher risk. There is also a well-known link between unemployment and suicide. The chart below shows that, based on a five year rolling average number, there has been a slight decrease in the rate of suicide over a ten year period (2004-2014) nationally and in Stirling. In Clackmannanshire however the rate has recently increased considerably and latest figures show it as being the highest in Scotland. Roughly three-quarters of all probable suicides are men: 71% in 2016 and between 70% and 77% in every year from 1986 nationally. There is also a difference in male and female suicide rate within the Partnership. Based on a five year rolling average number and directly age-standardised rate per 100,000 population (2012-16 calendar years) the rate of male deaths from suicide was 35.1 in Clackmannanshire and 14.7 in Stirling (compared to a Scotland rate of 20.6). The rate of female deaths from suicide was 13.3 in Clackmannanshire and 7.6 in Stirling (compared to a Scotland rate of 7.3). In Clackmannanshire both male and female suicide rates were considerably higher than the national average. Scotland's new Suicide Prevention Action Plan lists the actions which leaders at a national, regional and local level must take to transform society's response and attitudes towards suicide.

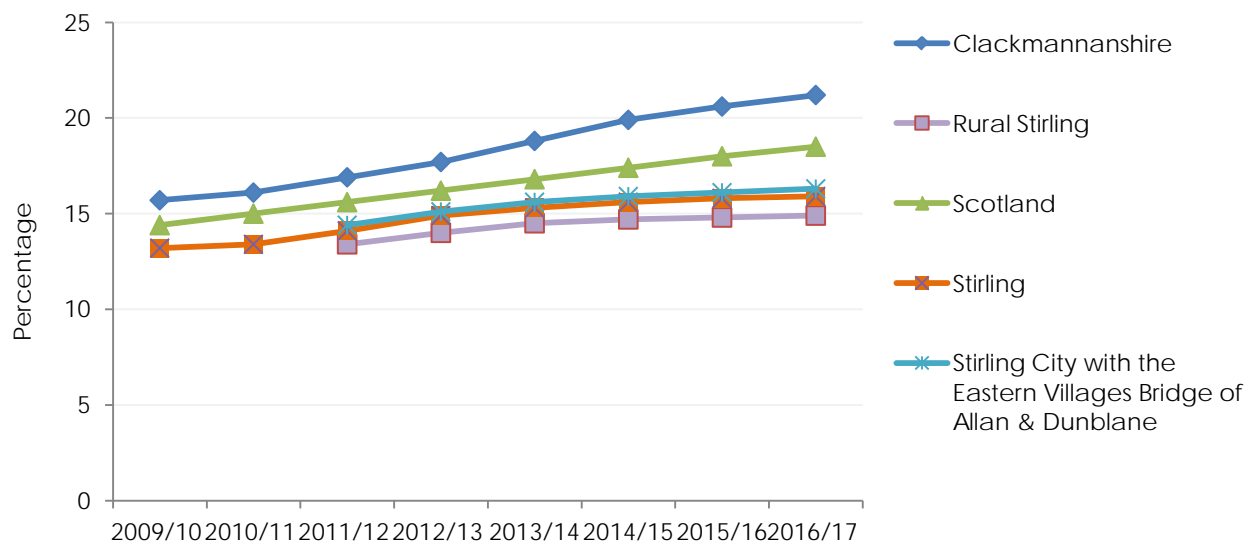
Figure 6.2a: Deaths from Suicide, 2004 to 2014 (5-year aggregates)



Note: Calendar years, 5-year aggregates (e.g. 2014 is the aggregation of 2012 to 2016)  
Source: National Records of Scotland (NRS)

The chart below looks at the percentage of people prescribed drugs for anxiety, depression or psychosis. It shows that in 2016/17 21% of the population in Clackmannanshire were prescribed drugs for anxiety/depression/psychosis which is higher than the national average and across Stirling. The Clackmannanshire & Stirling Health and Social Care Partnership locality profiles also showed that Clackmannanshire had a higher rate of psychiatric hospitalisations than the other localities and nationally.

Figure 6.2b Percentage of People Prescribed Drugs for Anxiety/Depression/Psychosis, 2011/12-2016/17



Source: The Scottish Public Health Observatory (ScotPHO)

### 6.3 Autism

Autism is a lifelong developmental condition that affects how a person communicates with, and relates to, other people and the world around them. It is much more common than many people think, it is estimated that there are over 50,000 people in Scotland with Autistic Spectrum Disorder (based on 1.1% of the population). More males are diagnosed with ASD than females and many people with ASD may have additional learning disabilities or health needs. According to the latest Scottish Commission for Learning Disability Report (2017) there were 321 adults with learning disabilities known to the local authority (7.8 per 1,000 population) in Clackmannanshire, 21.2% of whom had an Autism Spectrum diagnosis. In Stirling there were 318 adults with learning disabilities known to the local authority (4.1 per 1,000 population), 19.8% of whom had an Autism Spectrum diagnosis. This compares to a Scotland rate of 5.2 per 1,000 adults with learning disabilities known to local authorities of which 20.5% had an Autism Spectrum diagnosis. Clackmannanshire rate and percentage is currently higher than that nationally - they currently have the fourth highest rate nationally of adults with learning disabilities known to the local authority.

### 6.4 Burden of Disease

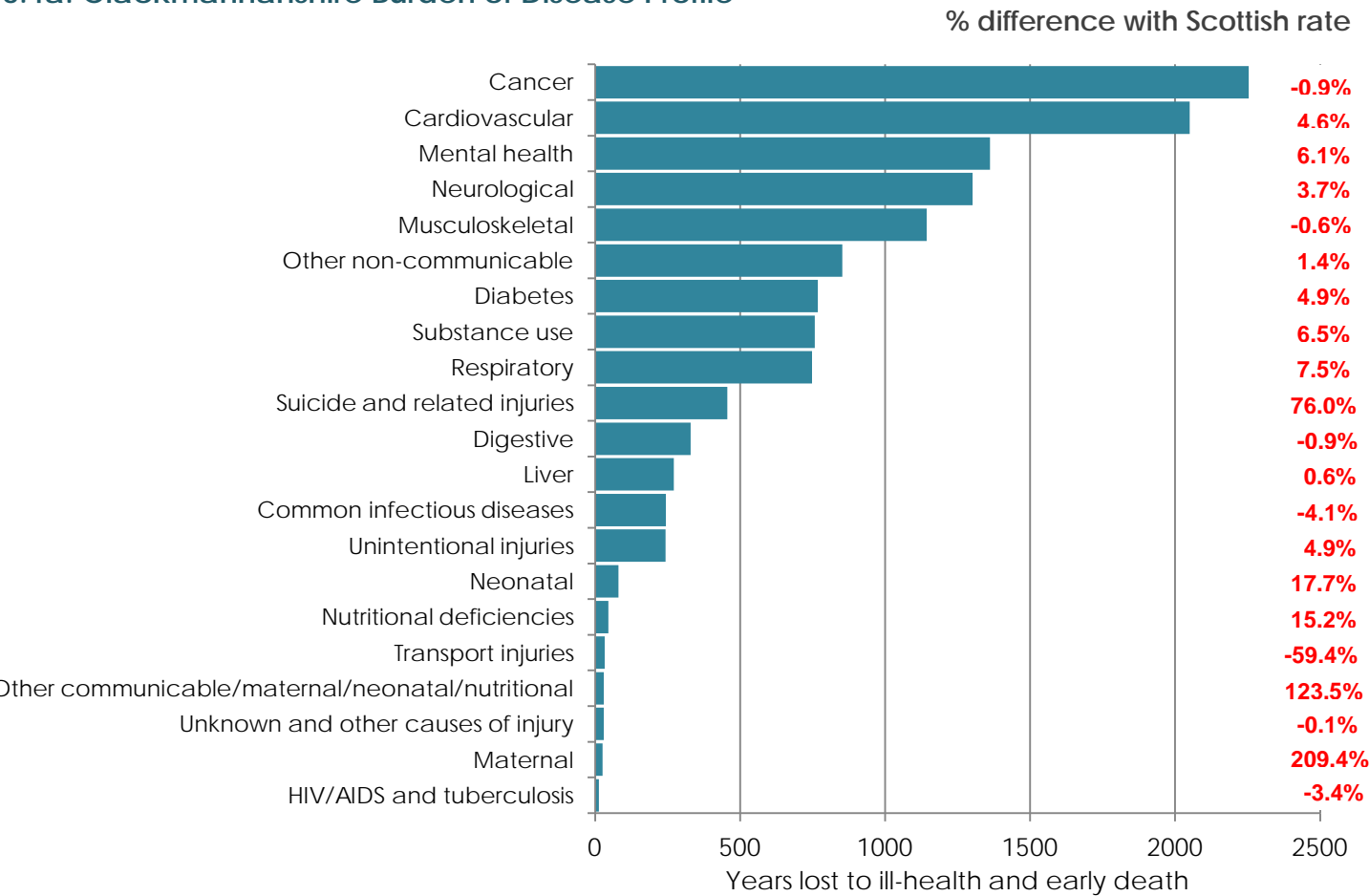
Burden of disease is a measure of the health of the population. It aims to quantify the difference between living to old age in good health, and the situation in which healthy life is shortened by illness, injury, disability and early death.

Burden of disease studies use a single measure which combines fatal burden [i.e. years lost because of early death - years of life lost (YLL)] and non-fatal burden (i.e. years lost because they are lived in less than ideal health - years lived with disability (YLD)). The measure used to describe the overall burden of disease is called the disability-adjusted life year (DALY) and was calculated by adding together the YLL (fatal burden) and YLD (non-fatal burden) for each disease, condition or injury.

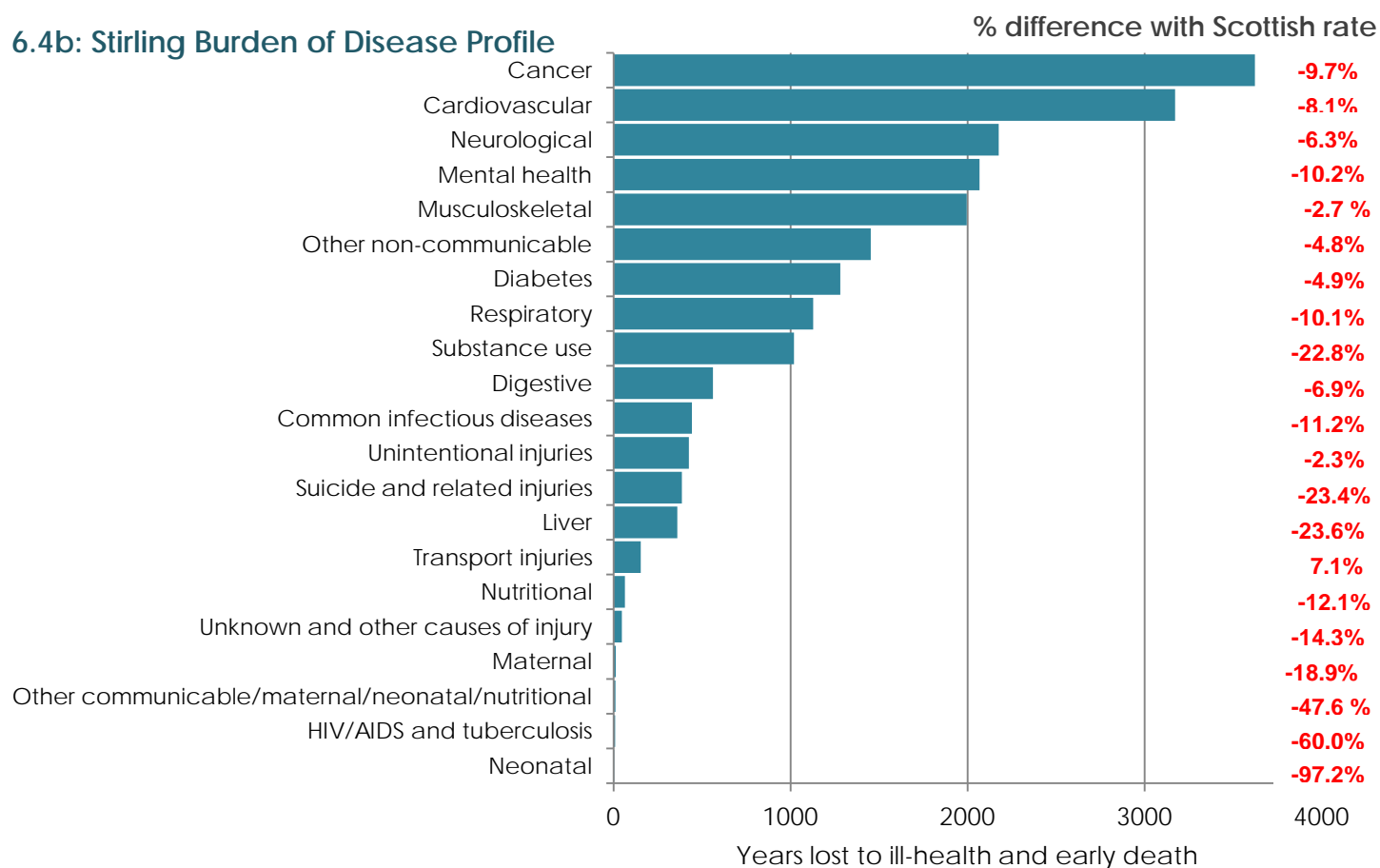
The most recent information, for 2016, includes overall burden, and burden by age, gender, local authority area and socio-economic position. Local area estimates are also provided (DALYs, YLD, YLL and deaths) for 21 disease groups stratified by local authority, gender and age group.

The four leading causes of ill-health and early death in Clackmannanshire and Stirling are Cancer, Cardiovascular diseases, Neurological disorders and Mental health disorders. The number of DALYs in the charts below is largely driven by population size. Overall, the rate of ill health and early death is higher than the Scottish rate in Clackmannanshire (4.3%) and lower in Stirling (9.5%). Notably Stirling's rates are mostly lower than the Scotland rate. In Clackmannanshire, one of the largest variations in the rate of total burden occurs due to suicide, self-harm and interpersonal violence related injuries, which is considerably higher than the Scottish rate. It is worth noting that the number of deaths due to suicide is quite low across the regions of Scotland which may lead to volatile comparisons.

6.4a: Clackmannanshire Burden of Disease Profile



## 6.4b: Stirling Burden of Disease Profile



\*Ranking based on the number of DALYs and the % difference is based upon the age-standardised DALYs rate per 100,000 population.

'Other non-communicable diseases' includes sense organ diseases (e.g. age-related hearing loss, cataracts), oral disorders (gum disease, edentulism), skin disorders (e.g. eczema), sudden infant death syndrome and congenital birth defects.

The figures below present the top ten leading causes of ill health and early death in Clackmannanshire and Stirling in 2016 and the variation with the Scottish rate. These mirror the top ten causes nationally although the ranking within each varies as does how they differ from the Scottish rate.

**Figure 6.4c: Leading causes of ill-health and early death in Clackmannanshire in 2016**

Leading causes of ill-health in 2016			Leading causes of early death in 2016		
% difference with Scottish rate			% difference with Scottish rate		
1	Mental health	+6.7%	1	Cancer	-1.0%
2	Musculoskeletal	+1.2%	2	Cardiovascular	+4.7%
3	Neurological	+1.6%	3	Neurological	+6.5%
4	Other non-communicable	-0.8%	4	Respiratory	+9.9%
5	Cardiovascular	+4.0%	5	Suicide and related injuries	+81.4%
6	Diabetes	+2.1%	6	Substance use	-0.7%
7	Substance use	+14.3%	7	Diabetes	+9.2%
8	Respiratory	+2.5%	8	Liver	+0.1%
9	Cancer	+0.8%	9	Common infectious diseases	-5.3%
10	Digestive	+3.7%	10	Digestive	-4.2%

\*Ranking based on number of YLD

Percentage difference based on age-standardised YLD rates.

\*Ranking based on number of YLL.

Percentage difference based on age-standardised YLL rates.

Figure 6.4d: - Leading causes of ill-health and early death in Stirling in 2016

Leading causes of ill-health in 2016			Leading causes of early death in 2016		
% difference with Scottish rate			% difference with Scottish rate		
1	Mental health	-11.0%	1	Cancer	-10.4%
2	Musculoskeletal	-2.0%	2	Cardiovascular	-8.6%
3	Other non-communicable	+1.4%	3	Neurological	-11.8%
4	Neurological	-2.1%	4	Respiratory	-12.0%
5	Diabetes	-3.3%	5	Substance use	-22.1%
6	Cardiovascular	-6.8%	6	Diabetes	-7.3%
7	Substance use	-23.7%	7	Suicide and related injuries	-23.6%
8	Respiratory	-5.9%	8	Common infectious diseases	-12.8%
9	Cancer	-0.8%	9	Liver	-24.4%
10	Digestive	-6.3%	10	Digestive	-7.4%

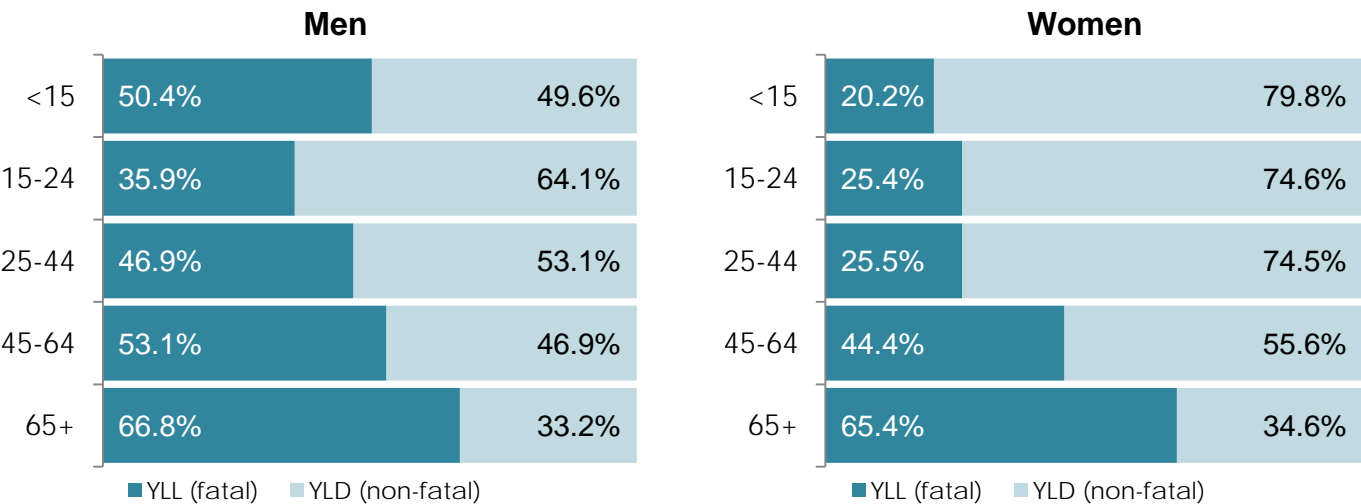
\*Ranking based on number of YLD.  
Percentage difference based on age-standardised YLD rates.

\*Ranking based on number of YLL.  
Percentage difference based on age-standardised YLL rates.

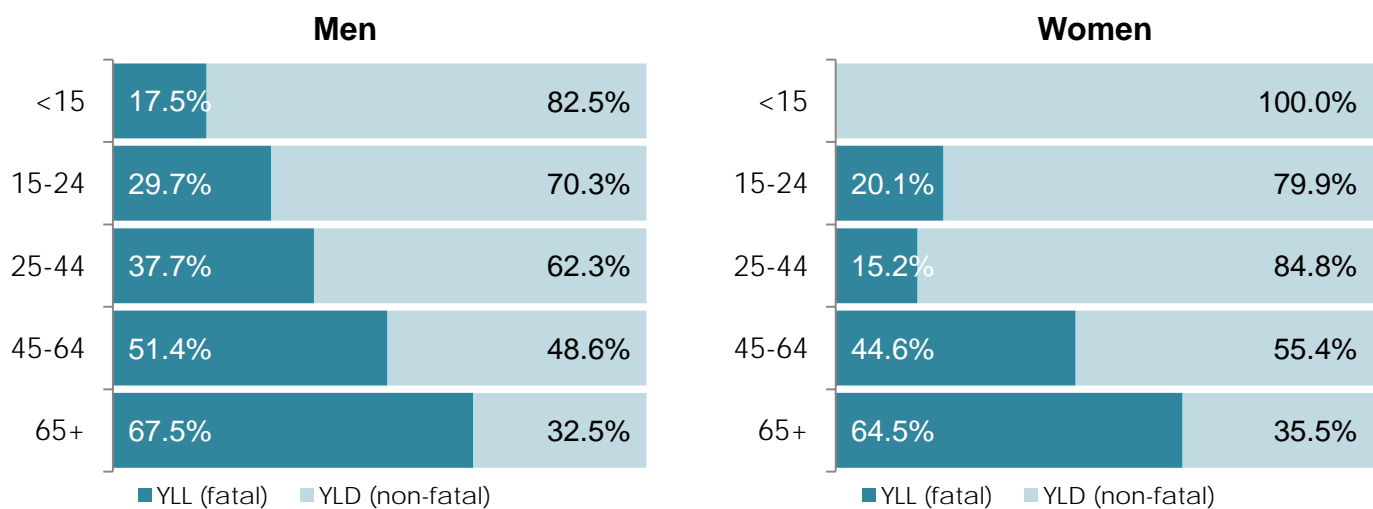
‘Other non-communicable diseases’ includes sense organ diseases (e.g. age-related hearing loss, cataracts), oral disorders (gum disease, edentulism), skin disorders (e.g. eczema), sudden infant death syndrome and congenital birth defects.

As the figures below show the fatal burden was higher among men than women in each group. In Clackmannanshire the non-fatal burden accounted for more DALYs in each age group until the age of 65 for women and for men only in the 15-24 and 25-44 age groups. Overall in Stirling, the non-fatal burden accounted for more DALYs in each group until the age of 65 and over in women and in men age 45 and over. What is notable is the fatal burden contribution in the under 15s – low for men and women in Stirling and for women in Clackmannanshire.

Figure 6.4e: Percentage contribution of YLL (fatal) and YLD (non-fatal) by gender and age group, Clackmannanshire 2016



**Figure 6.4f: Percentage contribution of YLL (fatal) and YLD (non-fatal) by gender and age group, Stirling 2016**



\*Based on number of DALYs by gender and age group.

The local area estimates and the Scottish Burden of Disease Study Overview report and Deprivation report can be accessed [here](#). The Deprivation report highlights that the disease burden in the most deprived areas in Scotland was more than double that found in the least deprived areas and the burden increased with each level of deprivation. In addition, nearly a third of the disease burden in Scotland could be avoided if the whole population had the same rate of burden as those in the least deprived areas.

7 Summary and Considerations

A Strategic Needs Assessment was produced In order to support the production of Clackmannanshire and Stirling Health and Social Care Partnership’s first strategic plan. It was extensive and covered a wide range of topics including demographics, life circumstances, risk factors, population health and service provision. Several key issues emerged including:

- The ageing population and the potential resultant impact on demand for services. In particular Clackmannanshire’s older population is predicted to increase at the same time as the working age population is decreasing.
- The projected growth in the number of people living with long term conditions, multiple conditions and complex needs.
- Reducing unplanned, emergency, hospital care will benefit the service as well as the individual and the potential impact of the growth in the older population.
- Supporting unpaid carers is a priority.
- Reducing risky behaviours such as smoking, alcohol consumption, drug use and poor diet could have a positive effect on an individual’s health.

These key messages will remain relevant given only a short period of time has passed. This iteration of the needs assessment is designed to be a more focused update to fill in a number of gaps previously identified from the first iteration as well as focusing on a number of specific areas. This summary aims



to re-iterate some of the main messages from each section while highlighting some key considerations.

Section 2 focused on the Population of the Partnership and showed that while estimates and projections have been updated the potential impact of the ageing population on service demand and the potential workforce challenge that Clackmannanshire may face remains. Section 3 focused on Deprivation and Health Inequalities and highlighted the differing deprivation profile within the Partnership with a higher proportion of Clackmannanshire's residents living in more deprived areas and how health inequalities persist between the most and least deprived areas nationally and locally.

The largest section, Section 4, focused on Service Provision. It was apparent from the first iteration of the Strategic Needs Assessment that there was an increasing demand on all services, particularly for those aged 65 and over. This iteration focused on specific areas and it is apparent that need varies by service, by Partnership area and by client group. A&E attendances continue to increase with Emergency admissions and bed days strongly related to age and deprivation. Delayed Discharges have been declining. Day Care provision has decreased overall with provision being predominately for people with a learning disability. Intensity of care at home and overnight respite provision varies across the Partnership with who receives it also varying although the majority of people were older. While there was variation in client group in the social care services it is apparent that provision is driven by the older population and it is the complexity of need that varies. The number of people prescribed items has been relatively stable over recent years but costs have been increasing and the number of Adult Support and Protection referrals and investigations in Stirling has increased dramatically in recent years. It is important to note that there will be variation in recording practices between the two Local Authorities in the Partnership, even between different teams, which will be reflected in the information reported.

Risk factors can have an impact on a person's health and wellbeing and Section 5 included new information on Sexual Health and Blood Borne Viruses and Alcohol and Liver Disease and highlighted the decreasing trend in alcohol related hospital stays and alcohol related mortality and an increasing trend in drug related hospital stays across the Partnership. Section 6 (Population Health) looked at specific health needs of the population not included in the first iteration – neurological conditions, suicide and autism – and highlighted the high rate of suicide in Clackmannanshire as well as presenting an overview from the Burden of Disease study.

A number of key considerations emerged:

- There is variation in service provision across the Partnership which will be explored and highlighted further in the revision of the Locality Profile.
- Indications are that there may be a potential growth in demand for personal care following the Scottish Government's implementation of free personal care for under 65s and this is likely to have workforce and cost implications. Work will continue with the Chief Finance Officer and peer Health and Social Care Partnership to quantify the potential impact of this.

- Population based projections on recent care at home and residential care activity predict an increase in demand. This is perhaps unsurprising given the predicted increase in the older population. Work will be ongoing exploring a systems dynamic modelling approach to looking at and predicting demand.
- Health inequalities persist between the most and least deprived areas nationally and locally. The rate of emergency bed days is highest in the most deprived areas and decreases as deprivation decreases and the gap between the most and least deprived areas has widened in both local authorities in the Partnership, particularly in Clackmannanshire. Life expectancy in the Partnership increases as deprivation decreases and the mortality rate of 15-44 years olds increases as deprivation increases. This may have an impact on demand for services. It could be of benefit to do a more focused piece of work looking at health inequalities in the Partnership and what impact this may have on current and future health and social care service demand. Health and Social Care Partnerships have a duty to contribute to reducing health inequalities as one of the National Health and Wellbeing outcomes. New initiatives and services should be designed with reducing inequalities in mind. It is recommended that the Partnership considers the practical actions to help reduce health inequalities published in '[The role of Health and Social Care Partnerships in reducing inequalities](#)'.
- The rate of suicide in Clackmannanshire has been increasing and it is currently the highest in Scotland. The rate of suicide is also higher in men than women in both local authorities and nationally although both Clackmannanshire's rates are considerably higher than the national average. The percentage prescribed drugs for anxiety, depression or psychosis in Clackmannanshire is also higher than the national average.
- According to the most recent Burden of Disease study the four leading causes of ill-health and early death in Clackmannanshire and Stirling are Cancer, Cardiovascular diseases, Neurological disorders and Mental health disorders
- Information Services Division (ISD) Population Classification Matrix helps describe how different sections of the population are making use of health services. It showed that individuals classed as frail represented the single largest cost group, £26 million, which represents over one fifth (22%) of total costs for the Partnership. One of the actions in the Forth Valley Health and Social Care Winter Plan 2017-18 was to establish a consistent approach to frailty screening and comprehensive geriatric assessment at the front door to ensure the most appropriate route for patients. The Population Matrix also showed that 68% of the population are classed as Healthy and Low Users compared to the national average of 64%.

## Appendix A Glossary

**Accident & Emergency (A&E):** is the collective term for describing all A&E Services including Emergency Department, A&E Department and Minor Injury Units (MIU).

**Admission:** An admission marks the start of an inpatient episode or day case episode.

**Average:** the average is calculated by adding together several quantities and dividing the total by the number of quantities.

**Care at Home:** is care provided in a person's own home to enable them to maintain their independence.

**Day Care:** offers personal care during the day and is usually provided in a day care centre for those with complex physical and social care needs.

**Delayed Discharge:** a delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons.

**GP (General Practitioner):** a general practitioner is a registered practitioner who provides general medical services to the population either in partnership with other GPs or on a single handed basis.

**Healthy Life Expectancy:** is an estimate of how many years a person may live in a 'healthy' state.

**Health and Social Care Partnership (HSCP):** is the organisation formed as part of the integration of services provided by Health Boards and Local Authorities in Scotland.

**Information Services Division (ISD):** is a division of National Services Scotland, part of NHS Scotland and provides health information, health intelligence, statistical services and advice.

**Life Expectancy:** is an estimate of how many years a person might be expected to live.

**National Records of Scotland (NRS):** is a non-ministerial department of the Scottish Government whose purpose is to collect, preserve and produce information about Scotland's people and history.

**Percentage:** Percent means 'for every 100' or 'out of 100'.

**Population Projection:** an estimate of the future population.

**Premature Mortality:** people who die under the age of 75.

**Prevalence:** measures the number of all cases of a disease (or health-related condition or event) at a specific point or period in time.

**Primary Care Out-of-hours:** is a service provided to people who require medical care outwith normal GP surgery hours.

**Rate:** is a measure/quantity which takes into account the number of cases and the population size. In this document it is usually a quantity per 100,000 population. Rates allow us to make comparisons between groups of people or locations that have different population sizes and to make comparisons within the same population over time.

**Readmission:** A readmission occurs when a patient is admitted as an inpatient to any specialty in any hospital within a specified time period from discharge from a hospital stay.

**Residential Care:** A care home is a place where people can live in a homely setting and have their needs met by trained staff.

**Respite Care:** is a service intended to benefit a carer and the person they care for by providing a short break from caring tasks.

**SIMD:** Scottish Index of Multiple Deprivation is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation across all of Scotland. 'Deprived' does not mean just 'poor' or 'low income'. It can also mean people have fewer resources and opportunities, for example in health and education. It is based on 38 indicators spanning seven domains: income, employment, education, health, access to services, crime and housing.

**SIMD Quintile:** Scotland's population is split into five deprivation quintiles with approximately 20% of the population in each quintile where 1 is the most deprived and 5 the least.

**Unscheduled Care:** is the unplanned treatment and care of a person usually as a result of an emergency or urgent event.





Clackmannanshire & Stirling

**Health & Social Care  
Partnership**



**Clackmannanshire  
Council**



**NHS**  
Forth Valley

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## Introduction to Our Workforce Plan

### What is Workforce Planning?

Workforce planning, at its simplest, is the process by which we ensure that we have the right people, in the right place, at the right time, and at the right cost.

However, for the Clackmannanshire and Stirling Health and Social Care Partnership (the Partnership) workforce planning will help us achieve much more than ensuring we have the right number of people, and in the correct roles and places. It is also a means to ensuring that we have the right people, in the right places, and who embody our vision for a collaborative, innovative, and ultimately successful Partnership centred on the needs of our patients, customers, and service users.

Therefore, workforce planning is a crucial tool to enabling the Partnership to realise our most important outcomes, and our vision for the future of health and social care – that is, enabling people in Clackmannanshire and Stirling to live full and positive lives within supportive communities.

### How was this workforce plan created?

The Partnership's workforce planning framework was created by utilising the NHS six step method for Workforce Planning. This framework was agreed through a short life working group for workforce planning which was established in 2018, and comprised members from across all partnership areas (Clackmannanshire Council, Stirling Council, and the NHS).

This workforce plan covers the entire partnership workforce, and it is important to note that its scope impacts on all those who work as part of the partnership, our 3<sup>rd</sup> sector colleagues, informal workforce and volunteer workforce.

This workforce plan aims to provide a baseline for future workforce development planning across the partnership, and begins the process of establishing a common language across partner organisations in terms of workforce priorities and development; both now and in the future.

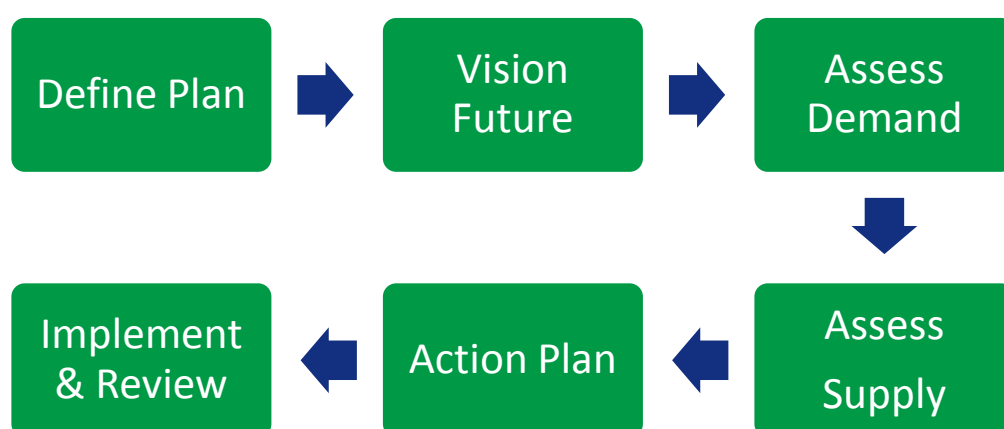


Fig 1: Workforce Planning Framework



## Why do we undertake Workforce Planning?

Simply put, our workforce is our biggest asset. Without the compassion, experience and commitment of our workforce we will not be able to deliver on our ambitions for integration.

We are therefore committed to ensuring appropriate and relevant workforce development and support to enable successful integration of health and social care and to ensure a confident, competent and engaged workforce within the Partnership.

This commitment was articulated in detail within 'Caring Together', the Partnership's Integrated Workforce Plan for 2016-2019, which outlined the following priorities:

- Through an approach of caring together, we will ensure a workforce that is fit for the future of Health and Social Care;
- We will ensure that our service users get the right level of support early enough to deliver on our strategic outcomes;
- We will ensure our workforce feels engaged with the work they do and are supported and empowered to continuously improve the information, support, care and treatment they provide;
- At the heart of the care and support provided will be a culture of collaboration putting the service user at the centre and creating connections between partner organisations to share skills, knowledge and resources to deliver improved services and outcomes; and
- We will ensure that our workforce delivers best value, making the best use of available resources within an environment that strives for quality, efficiency, safety and integration at every opportunity.

This workforce plan builds on these priorities, and provides a clear pathway for developing our workforce both now, and in the future. Additionally this plan seeks to define specific actions which will help realise our priorities, and establishes the measures we will put in place to evaluate and review their success.

## **The Strategic Context**

It is likely that over the next three years the context in which the Partnership provides its services will remain challenging. Beyond our local environment, national challenges such as Britain's exit from the European Union will create ongoing economic uncertainty which will impact across partner organisations (both local authority and the NHS). At the same time, the need and pace for transformational change both within the Partnership, and at individual organisation level outside of health and social care integration, will continue to create challenges and difficulties both for our current and future workforce.

A combination of increased demand for services, coupled with continued reductions in funding at local authority level will mean that our Partnership workforce cannot continue to work in ways which maintain the status quo. Furthermore, it is likely that our current workforce will also make up a significant portion of our future workforce over the next three years; thereby creating opportunities, and challenges, when upskilling our workforce to meet the rapidly changing demands of our citizens.

The shift in demand for our services means that the requirement for significant operational and cultural change to enable successful integration will be predicated on the collaboration and innovation of our workforce. We will require a workforce capable and supported to take current working practices and harmonise them, with the aim of creating a seamless and person-centred provision of care within Clackmannanshire and Stirling.

We recognise that this process cannot happen overnight; and, that to enable these changes we require a workforce who are engaged, motivated and driven by a passion to make a real difference in our citizens lives. This means focussing on the development of our workforce and our leaders at all levels, providing opportunities for career progression and learning, and engaging with staff so that their views and ideas are used to help develop our services.

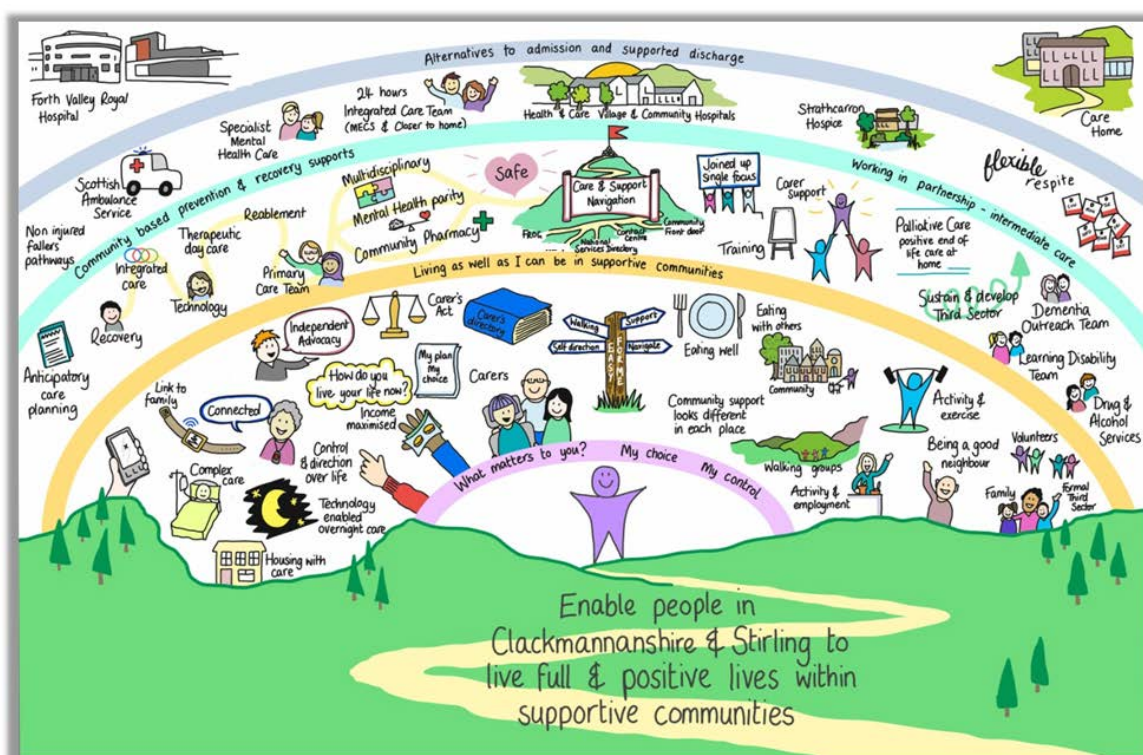
So whilst the contexts in which the Partnership operates will remain challenging over the next three years, this workforce plan, in addition to the Partnership's Strategic Commissioning Plan and Strategic Needs Assessment, provides a clear baseline as to how we can continue to improve services for the citizens of Clackmannanshire and Stirling.

## Our Partnership Vision and Principles

**Our Vision is to enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities**

To consider the meaning of this vision, a collaborative exercise was undertaken with a graphic artist and members of our Strategic Planning Group. They were able to illustrate what the vision means for our Partnership, and our communities. This Rich Picture has been used in the development of this Strategic Commissioning Plan, guiding our discussions and next steps with our communities.

A larger version of this illustration is provided at Annex B of this document.



## Our working principles

All integration activity must be delivered with full recognition of the Planning and Delivery Principles, as set out in the Public Bodies Act. The principles set out the values and approach that we must adopt whilst working together.

The main purpose of the integration planning and delivery principles is to improve the wellbeing of service-users and to ensure that those services are provided in a way which:

- are integrated from the point of view of service-users ;
- take account of the particular needs of different service-users ;
- takes account of the particular needs of service-users in different parts of the area in which the service is being provided ;
- take account of the particular characteristics and circumstances of different service-users ;
- respects the rights of service-users;
- take account of the dignity of service-users ;
- take account of the participation by service-users in the community in which service-users live;
- protects and improves the safety of service-users;
- improves the quality of the service ;
- are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care) ;
- best anticipates needs and prevents them arising ; and
- makes the best use of the available facilities, people and other resources.

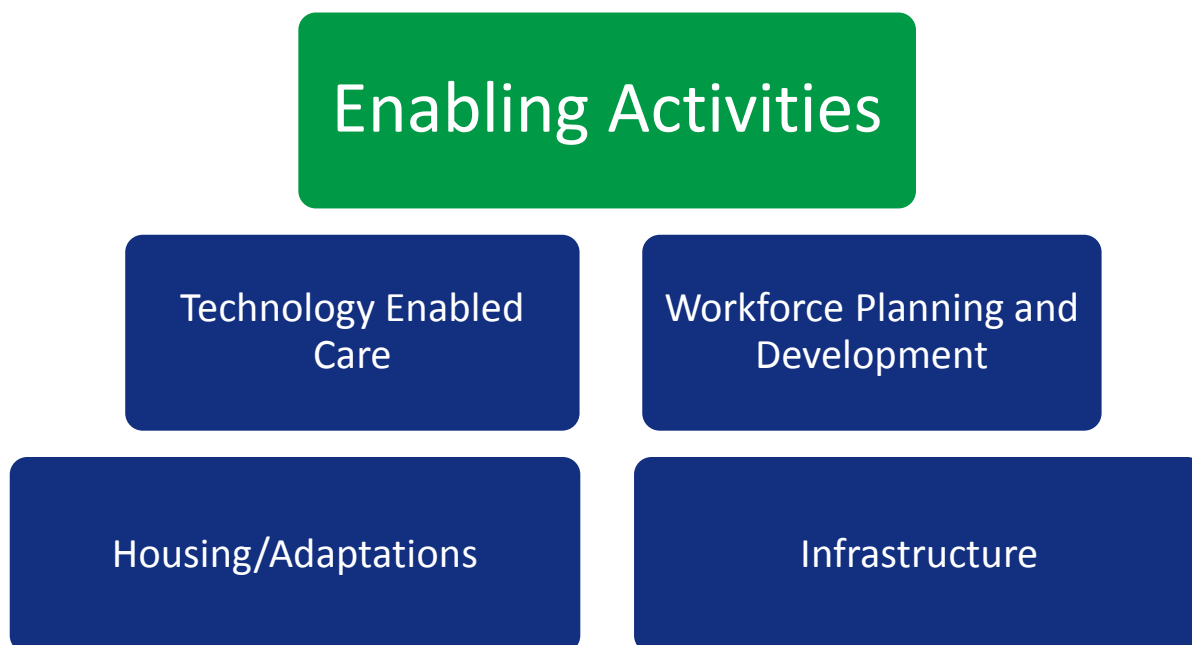


## Our key priorities for 2019-22

Our Strategic Commissioning Plan for the period 2019-22 defines our key priorities and enabling activities. They are as follows:

Vision	Priorities	Enabling Activities				Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure	Intermediate Care Strategy
	Primary Care Transformation					Primary Care Improvement Plan
	Caring, Connected Communities					Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health					Mental Health Strategy
	Supporting people living with Dementia					Dementia Strategy
	Alcohol and drugs					Forth Valley ADP Strategy

## Our Enabling Activities



## **Our Current Partnership Workforce**

The Integration of Health and Social Care services requires all partners to work together in new ways to support transformational change at all levels of their organisations. When determining the future workforce requirements we must take account of our existing workforce, developing roles and skills.

### **Our Health and Social Care Workforce**

Whilst Clackmannanshire Council, NHS Forth Valley and Stirling Council already have separate systems in place to collect data on their workforce, a systematic and harmonised approach to collect a single data set on the Health and Social Care workforce across all sectors remains challenging. Going forward the Partnership will continue work to harmonise systems, policies, and processes with the goal of being able to provide more in depth, and ultimately more useful data to support workforce planning going forward.

The Partnership has a largely permanent workforce which indicates the investment it has made to ensure stability and continuity within services, while respecting individual career pathways.

The workforce is predominantly female, which presents a challenge as to how to promote careers in health and social care to our male demographic. Currently, the Partnership continues to actively work with schools and colleges to promote health and social care careers and needs to do more to target the male workforce to explore the range of careers to which they could contribute.

Overall there is an ageing demographic within the workforce in both health and social care professions. Active efforts to re-balance this and to have appropriate succession planning in place is required, as a significant number of employees will retire within the next 10 years.

There is also a requirement to work collegiately with local schools, colleges and universities to promote the Partnership as a positive place to work for those interested in a health and social care career.

### **Our informal & voluntary workforces**

The informal workforce are acknowledged and valued for the significant amount of unpaid care they provide to family, loved ones and friends, with many not even recognising themselves as Carers. With the introduction of the Carers (Scotland) Act (2016) which took effect on 1 April 2018, a Partnership Implementation Group has been in place to ensure that Carers are placed firmly as equal partners in care. All Partnership staff irrespective of role have an important role to play in identifying Carers and signposting these individuals to services that can help them. This is even more important with 'hidden' Carers who may not even realise that they are a Carer.

Additionally, the contribution of our voluntary workforce plays a vital role in achieving the vision and priorities of the Partnership. Continued engagement with voluntary organisations, with an aim to fostering and developing partnership working arrangements, will ensure that we can support voluntary groups and individuals in the critical role which they undertake.

## **Our Key Demand Drivers**

On 1 April 2016 the Partnership published its first strategic plan to cover the period 2016-2019. The plan sets out how we intend to meet the current needs of the population as well as considering projected population changes. A key theme throughout was making the best use of our resources to deliver efficient and effective health and social care. In order to support the production of the plan a strategic needs assessment was produced to provide an understanding of the health and care needs of our local population.

Since its original publication, an update to the Strategic Needs Assessment has been provided, with the Partnership also publishing an updated Strategic Commissioning Plan for the period 2019-22.

Our Strategic Commissioning Plan defines the key priorities and future demand drivers for the Partnership. They are defined as:

### ***Care Closer to Home***

A range of integrated services can support people in their own homes, reducing dependence on acute hospital admission. This approach ensures that people can receive the right support at the right time from the right person, and to do so requires a workforce with the appropriate competences to deliver this. These services include:-

- Bed based intermediate care delivered from the Bellfield Centre and Clackmannnnshire Community Health Centre;
- Community supports from Reablement teams;
- Enhanced Care Team of community nursing and allied health professionals; and
- Technology Enabled Care responder teams.

### ***Primary Care Transformation***

Access to GPs and primary care matters greatly to people and the wider health and care system. People need quick access to the right professional and an understanding of new ways of working which are clear for people to navigate.

Work is being done to recruit to positions within primary care to support transformation, along with education and awareness for practice administration staff to ensure appropriate and safe screening of people when they need help.



## ***Caring, Connected Communities***

Informal supports within our communities and neighbourhoods ensure that people feel connected and can live well. Reducing loneliness and isolation is important to both people being cared for, and their unpaid carers. This requires a whole system approach, which seeks to involve and engage with communities, the 3rd and Independent Sectors, to exploit the richness that every neighbourhood can provide in supporting its citizens.

This requires innovative thinking which seeks to collaborate with everyone, to build services and opportunities which connect communities.

## ***Mental Health***

Scotland's Mental Health Strategy calls for parity of esteem with physical ill health. Services are working to ensure that people accessing services for support with mental health problems do not experience a lesser service than those accessing support for physical ill health.

This again requires appropriate support for the induction, and on-going learning needs of the mental health workforce. It also requires us to consider the mental health needs of our workforce to ensure that we foster a culture of compassion and kindness to one another to make our services healthy places to work within.

## ***Alcohol and Drug Partnership***

In the partnership we require to align the work of our Alcohol and Drug Partnership with that of the HSCP. Within this there will be realisable benefits for the workforce to engage in wider learning and development opportunities previously not open to them. Greater understanding of substance misuse, alcohol problems and the harmful affects that these can have on all of our citizens is interdependent with the other HSCP priorities.

## ***Dementia***

People living with dementia tell us that they wish to remain in their own homes for as long as possible, and that they remain included in their communities, and in society in general. The partnership will continue to promote dementia awareness with wider community groups to help underpin this priority.

For the wider workforce, the partnership engages in the Promoting Excellence Framework, delivering Dementia Skilled training to relevant practitioners. The partnership will also continue to engage in the national Dementia Champions programme, while also working with Dementia Services Development Centre at Stirling University to explore all appropriate new and innovative learning and development opportunities.



## Our community profile

A key driver of demand for Services across Clackmannanshire and Stirling is the distribution of our population, and the individual needs and requirements that come with a rapidly shifting demographic.

The table below illustrates the population profile across the Partnership. Clackmannanshire and Stirling as a whole has an estimated population of 145,100 with Stirling accounting for 65% (93,750) and Clackmannanshire for 35% (51,350).

Age Group	Clackmannanshire			Stirling			Clackmannanshire & Stirling		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-15	9,024	4,621	4,403	15,493	7,902	7,591	24,517	12,523	11,994
16-49	21,397	10,650	10,747	41,933	20,140	21,793	63,330	30,790	32,540
50-64	11,046	5,428	5,618	18,899	9,236	9,663	29,945	14,664	15,281
65-74	5,955	2,822	3,133	9,651	4,601	5,050	15,606	7,423	8,183
75+	3,928	1,646	2,282	7,774	3,202	4,572	11,702	4,848	6,854
<b>Total</b>	<b>51,350</b>	<b>25,167</b>	<b>26,183</b>	<b>93,750</b>	<b>45,081</b>	<b>48,669</b>	<b>145,100</b>	<b>70,248</b>	<b>74,852</b>

Fig 2: National Records of Scotland (NRS) population estimates

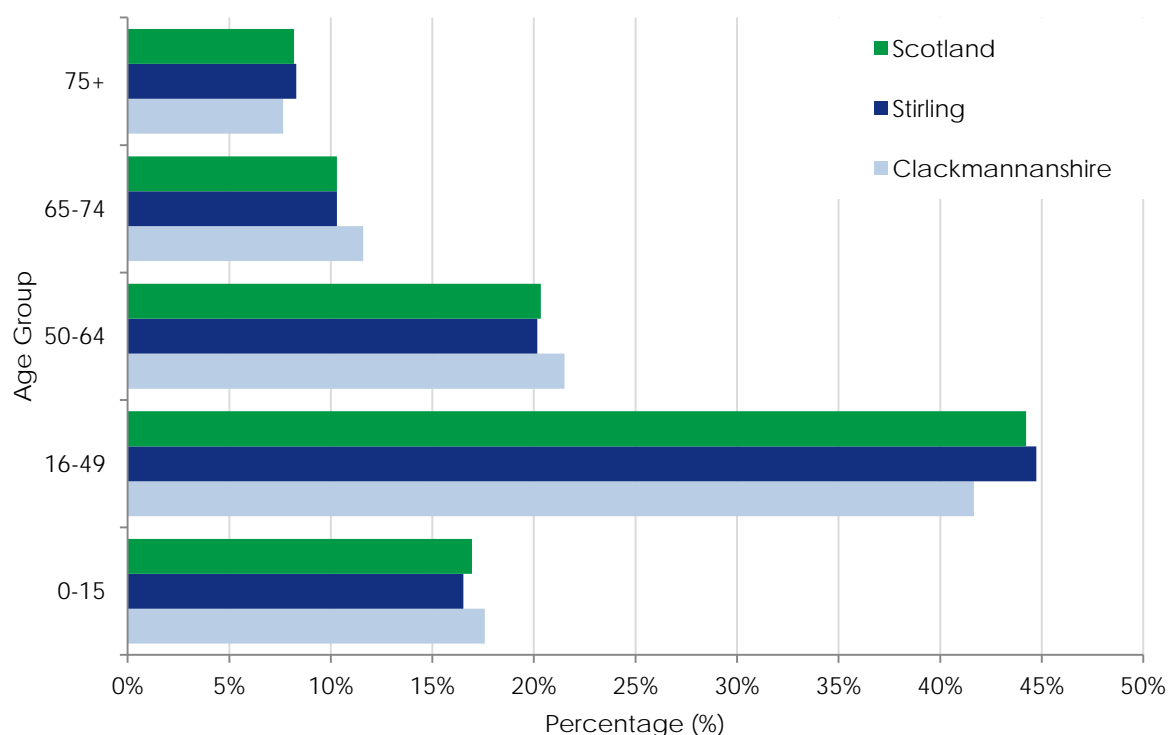


Fig 3: Clackmannanshire & Stirling age distribution (Scotland comparison)

The figures presented above illustrate that the age profile in Clackmannanshire and Stirling is very similar to that of Scotland as a whole. Roughly 65% of the population are aged between 16 and 64, around 17% under 16, around 10% aged 65-74 and 8% aged over 75.

## Projected population

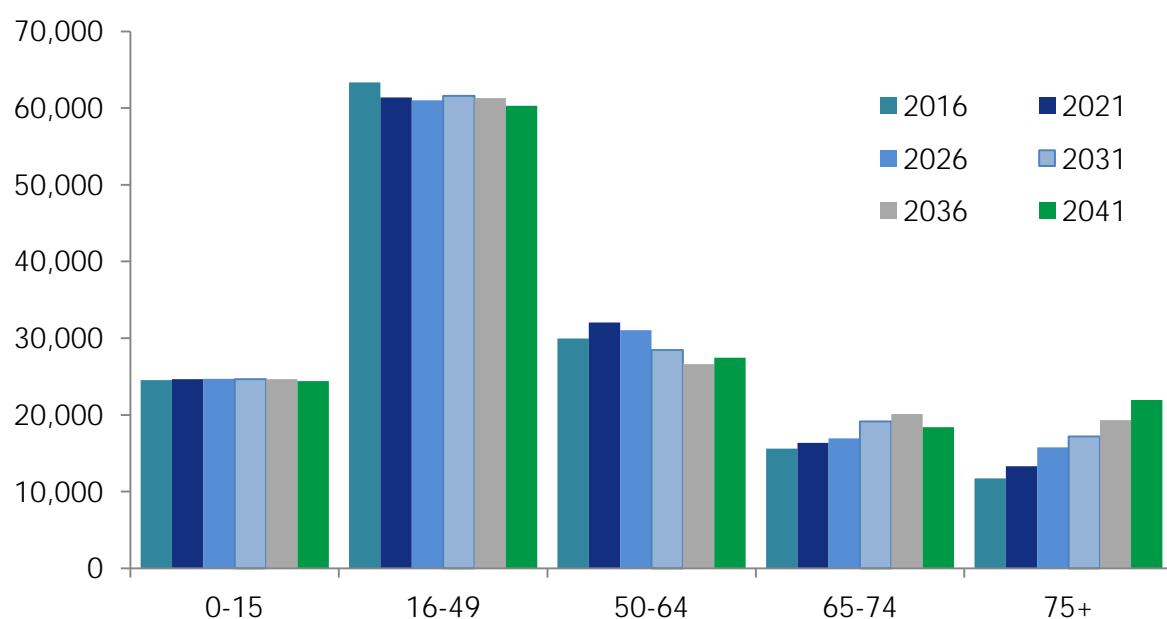


Fig 4: Population Projections for Clackmannanshire and Stirling HSCP

The chart above shows that:

- The overall population is projected to increase by 5% by 2041. There are however differences in the age profile with the older aged population projected to increase considerably.
- In Clackmannanshire the older population is predicted to increase at the same time as the working age population is decreasing. This means that at the same time as demand for services could be increasing, it could be more challenging to employ the workforce to meet this demand.
- For people of pensionable age and over, Clackmannanshire's population is expected to increase by 27.5% by 2041 and Stirling's by 29.3% and for those aged 75 and over by 99.5% in Clackmannanshire and 81.5% in Stirling. Older people are generally high users of services and this could impact significantly on demand for services.

The increase in citizens' age across our Partnership means that more than ever we require a workforce which is innovative, collaborative, and which can find solutions amongst the most challenging of scenarios. For the Partnership, working in the same manner, within the same silos, and with the same processes and procedures will no longer be an option.

We also recognise that to meet the change in our demographics we will need to engage with, and transform not only our core workforce amongst our three partner organisations, but also seek to pro-actively engage and consult with our 3<sup>rd</sup> sector, informal, and voluntary workforces, in order develop a cohesive and shared learning environment which recognises all our strengths, and plays to these advantages for the benefits of our citizens.

## Our Future Workforce

As a partnership we recognise that in the future we will require a different type of workforce skilled to meet the demands of both integration, and our citizens. Consultation with key stakeholders as part of our Strategic Planning Group has demonstrated that traditional ways of working, or the status quo, will no longer be enough to meet the challenges we will face in the future; and, that for integration to succeed we will need staff, managers, and leaders who are enabled to show innovation, collaboration at all levels, and who are no longer bound by traditional bureaucracy or ways of working.

We recognise that this radical shift in both operational practices and our working culture cannot happen overnight. We also recognise that to enable this change we need to focus on key development areas which will act as catalysts for transforming our Partnership, which we outline below.

### Investing in our Workforce's Skills to Meet Shifting Demands

Currently, workforce development, and learning and development are supported through employing separate partner organisation policy and procedures; however, it is the intention over the next three years to work towards a shared set of protocols for the Partnership to promote integrated ways of working, equity, quality and breadth of learning. These protocols will include:

- Induction, statutory, mandatory and core learning and training;
- Professional registration requirements;
- Supervision, appraisal (performance review) and practice development;
- Continuing Professional Development;
- Career development (including supporting students and volunteers); and
- Research and practice development opportunities to support the Partnership as a learning organisation at the forefront of evidence-based practice.

We will ensure that the Partnership's Workforce Development & Training Framework adopts the following principles in relation to Joint Workforce Development and Training. We will:

- Ensure that the focus of all Partnership Workforce Development and Training activity is on developing shared knowledge, skills and competencies that support the delivery of Partnership goals and outcomes;
- Ensure that development needs are accurately identified and aligned with strategic priorities;
- Ensure that workforce development and training is undertaken via effective and efficient delivery methods and implemented in a timely manner;
- Ensure evaluation of workforce development and training activity at varied levels, and that the Framework itself is regularly reviewed to ensure it is fit-for-purpose;

- Use a range of different approaches to meet development needs, ensuring an appropriate blend of formal and non-formal delivery methods;
- Ensure that resources available within the Partnership for workforce development and training are used as effectively as possible and capacity for doing so within the Partnership explored before resources are procured outwith. This will be further enabled by working with other agencies, locally and nationally;
- Adopt a needs-based and flexible (rather than a 'one-size fits-all') approach, as appropriate; and
- Maximise opportunities for inter-professional / inter-agency learning including with our third sector partners.

## Equipping Our Workforce for Digital Transformation

As highlighted by the recently published Digital Health and Care Strategy, digital technology will play a critical role in better informing the way we design and shape services, transform the way those services can be delivered, and have capacity to make care provision more effective, efficient and responsive to the needs of our citizens and communities. Critically, technology also holds the potential to empower individuals to live more independently and manage their own care at home.

As the strategy recognises, *'workforce development in digital skills and capabilities across the whole health and care sector underpins the successful uptake and use of digital technologies'*.

With this in mind during 2019-2022 we will review the current capability of our workforce to work, learn and lead digitally, with any skills gaps and key issues identified addressed under the joint Training and Development framework. We will ensure that:

- Everyone involved in delivering health and social care and support for the Partnership has the confidence and competence to work digitally;
- All staff have the opportunity to develop their digital skills in order to lead more successful, digitally enabled work and home lives;
- Digital learning is recognised as a crucial part of workforce development, and part of a blended approach to learning and development including the achievement of standards and qualifications (making use of digital accreditation e.g. Open Badges where possible); and
- We develop digital leaders – capable of transforming of our Services, and leveraging the benefits of digital through their decision making processes.

## Developing Collaborative and Innovative Leaders for the Future

The rapid pace of change within the Partnership, and the current white water of public sector finances, has created particularly acute challenges for our managers and leaders. To navigate these changes we require leaders capable of going beyond standard norms, and who are motivated, inspired and encouraged to seek out new ways of working.

To address these challenges the next three years will see the partnership focus on developing leadership capabilities at all levels, based on the following leadership qualities as identified for health and social care integration by Leadership for Integration (a joint partnership by NHS Education for Scotland, the Royal College of General Practitioners Scotland and the Scottish Social Services Council):

VISION	EMPOWERING
<ul style="list-style-type: none"> <li>• Seeing how best to make a difference</li> <li>• Communicating and promoting ownership of the vision</li> <li>• Promoting a public service ethos</li> <li>• Thinking and planning strategically</li> </ul>	<ul style="list-style-type: none"> <li>• Enabling leadership at all levels</li> <li>• Driving a knowledge sharing culture</li> <li>• Promoting professional autonomy</li> <li>• Involving People in development and improvement</li> </ul>
SELF-LEADERSHIP	COLLABORATING AND INFLUENCING
<ul style="list-style-type: none"> <li>• Demonstrating and adapting leadership</li> <li>• Improving own leadership</li> <li>• Enabling intelligent risk-taking</li> <li>• Demonstrating and promoting resilience</li> <li>• Challenging discrimination and equality</li> </ul>	<ul style="list-style-type: none"> <li>• Leading partnership working</li> <li>• Influencing people</li> <li>• Understanding and valuing the perspectives of others</li> </ul>
MOTIVATING AND INSPIRING	CREATIVITY AND INNOVATION
<ul style="list-style-type: none"> <li>• Inspiring people by personal example</li> <li>• Recognising and valuing the contribution of others</li> <li>• Driving the creation of a learning and performance culture</li> </ul>	<ul style="list-style-type: none"> <li>• Seeing opportunities to do things differently</li> <li>• Promoting and supporting creativity and innovation</li> <li>• Leading and managing change</li> </ul>

Fig 5: Required Leadership capabilities (Leadership for Integration)

A programme of leadership development will be co-produced with managers and teams to help them recognise their own leadership strengths and sources of resilience and to help team and service leads to do so more collaboratively and effectively in delivering integrated care. All leadership development will be focused on shared and collaborative practice and will include a focus on relationships and partnership working with the third and independent sectors.

## Engaging and Motivating our Workforce

Evidence shows us that having engaged, healthy staff leads to increased productivity and an overall happier workforce. How our workforce feel when they are at work is key to the successful delivery of high quality outcomes for our citizens. Staff engagement is therefore a key element needed to help the Partnership workforce meet the range of challenges that it faces and to deliver our key priorities.

By involving staff in decisions and communicating clearly with them, we will seek to maintain and improve staff morale, especially during periods of significant change. Our Strategic Planning Group has reflected this sentiment, outlining during consultation on workforce planning that engagement needs to happen at all levels of the partnership – from the big picture initiatives, to day to day communication between staff, managers and executives.

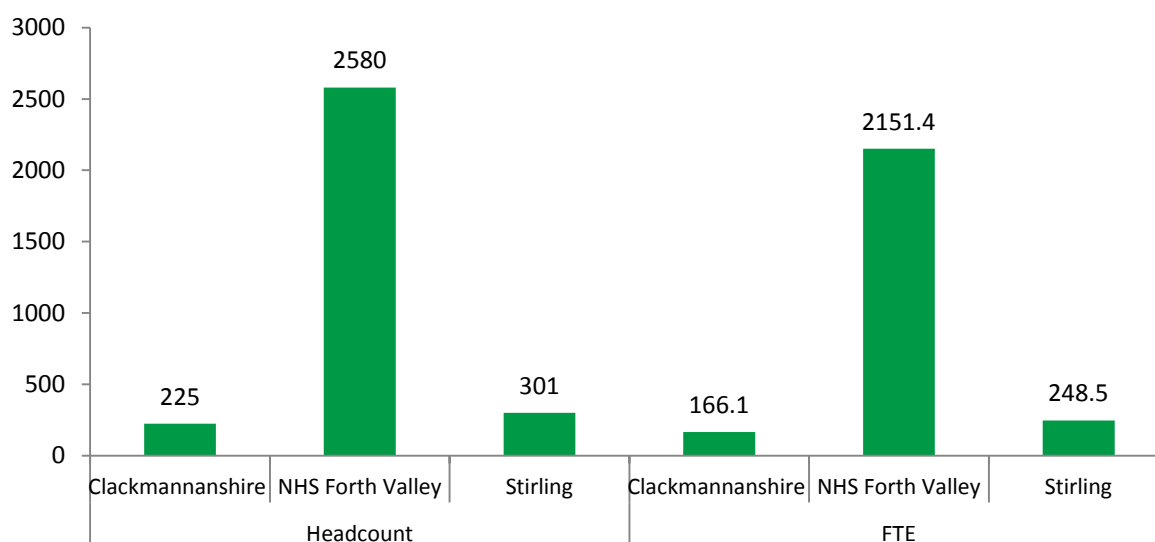
The Partnership's Participation and Engagement Strategy for 2019-2022 outlines the priorities which we need to take forward in order to improve the engagement and motivation of our staff, and, whilst many programmes of work will be underway already within partner organisations there is a need to ensure that this work is harmonised across all areas. We will:

- Share current practice in change management and agree a Partnership standard for change programmes, which includes a focus on developing our culture;
- Agree shared Partnership values and behaviours which will support a culture of collaboration, Person-Centredness and personal outcome approaches;
- Ensure respective organisational support staff are fully briefed, engaged and aligned to supporting the Partnership Workforce Plan;
- Ensure full and proactive staff engagement and involvement through the establishment of consultation meetings and Joint Forums; ensuring Staff /Trade Unions are engaged, with mechanisms for full engagement with the Partnership leadership group and staff;
- Ensure managers and leaders establish and embed staff engagement systems and process as the norm in their working practices to ensure that staff are able to engage with managers on any issues;
- Continue to develop and maintain a range of communication and feedback channels with staff, providing clear, consistent information through a range of different media;
- Implementation of a joint approach to measuring Staff Experience based on the NHS iMatter continuous improvement model; and
- Take forward a review of workforce policies and procedures with a view to harmonisation across partner organisations, where practicable, and in order to support team working for integration.

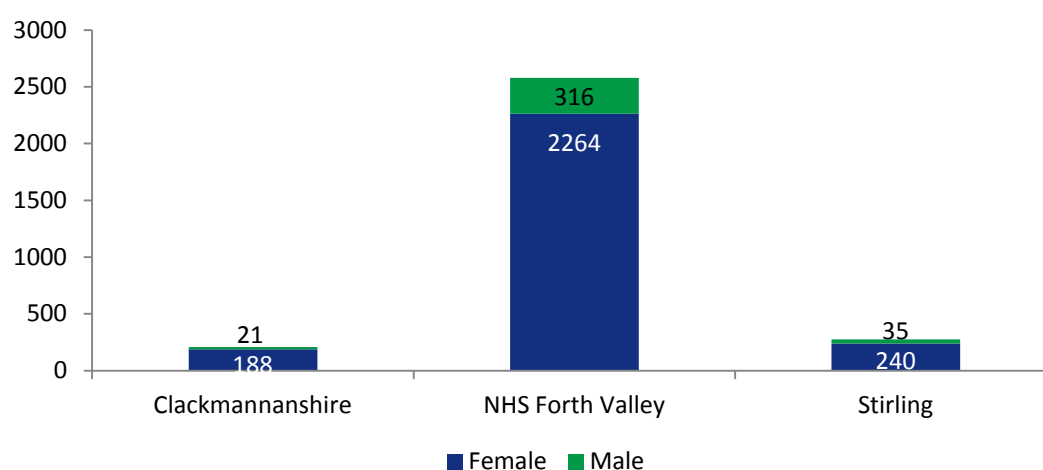
## Appendix A: Our Current Partnership Workforce

The figures presented are a snapshot of the Clackmannanshire and Stirling Health and Social Care Partnership workforce. The data represents partnership staff only, and does not consider the wider workforce which will include partnership working and collaboration with 3<sup>rd</sup> sector colleagues, our informal workforce, and our volunteer workforce.

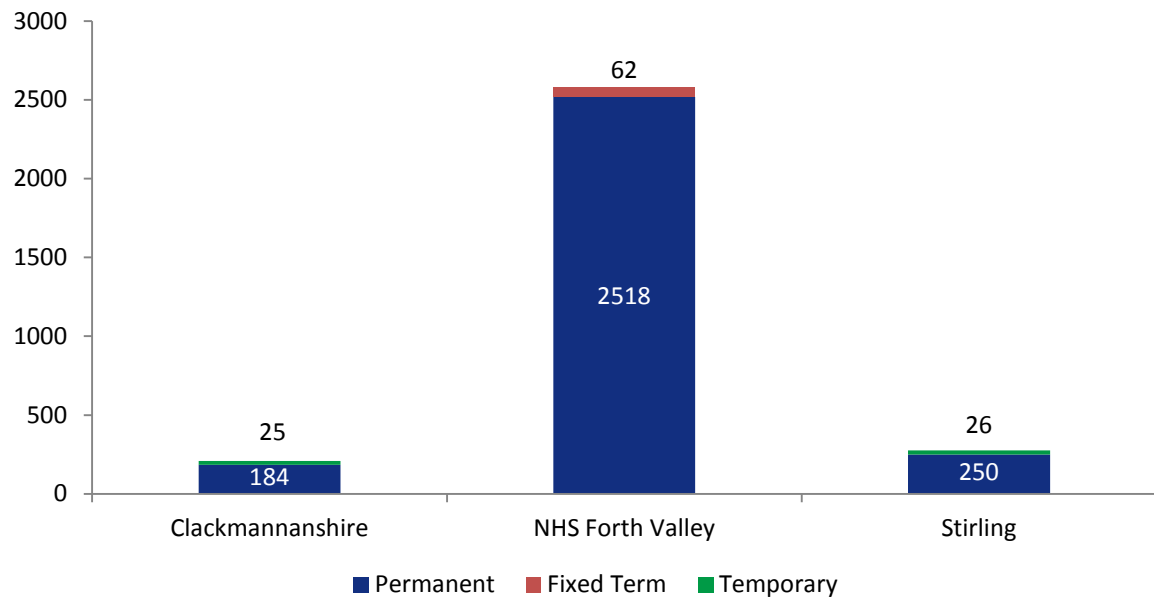
### Headcount and Full Time Equivalent



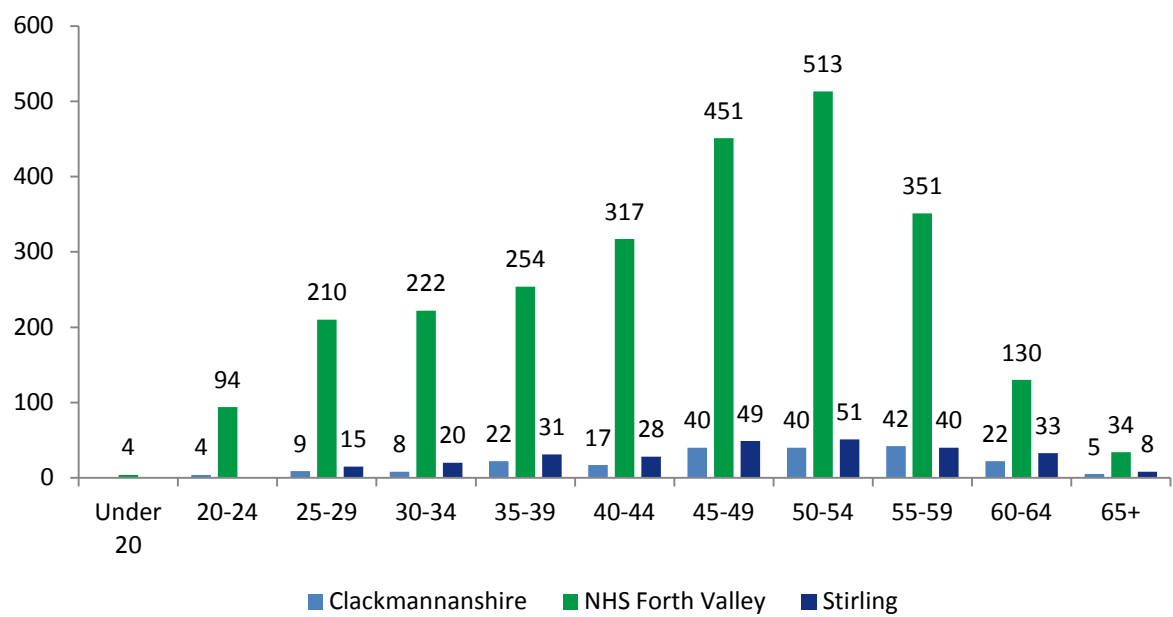
### Gender



## Contract Status

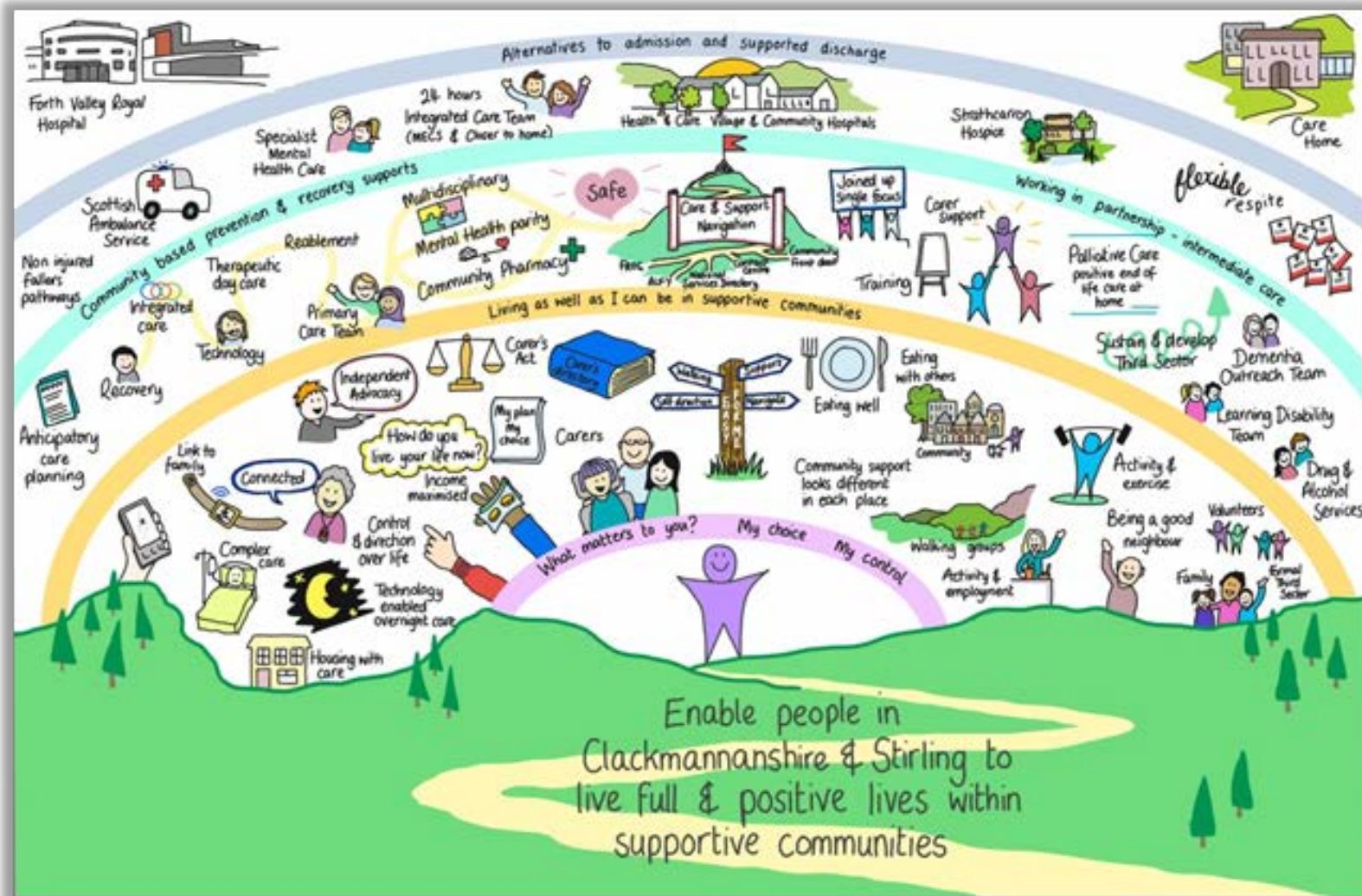


## Age





## Annex B: Our Partnership Vision



## Annex C: Action Plan

### Theme: Staff Skills and Knowledge Development

Our Aim	Why	Specific Actions	Timescales	How we will monitor & measure success
Refresh the Partnerships Workforce Development and Training Plan	Properly focused, aligned and equitable learning and development pathways will create career development opportunities, increase belonging within the Partnership and build a clear identity for our staff members at all levels.	<ul style="list-style-type: none"> <li>Reconvene the Partnership OD &amp; Workforce Development (OD/WD) Group</li> <li>Provide a refresh of the Workforce Development &amp; Training Plan to the SPG</li> <li>Consult with the SPG on the Workforce Development &amp; Training Plan</li> </ul>	<p>Q1 19/20</p> <p>Within 19/20</p> <p>Within 19/20</p>	<p>Approval of the Training &amp; Workforce Development Plan through the IJB</p> <p>(%) of Partnership staff undertaking training within the Development Framework</p>
Ensure all partnership workforce development activity promotes the shared knowledge, skills and competencies that support the delivery of our outcomes	Our training and development interventions should offer more than just an opportunity to upskill in a particular subject, or skill area. They should be seen as an opportunity to network, to develop engagement with staff in our workforce, and to promote and embed shared values, competencies and skills.	<ul style="list-style-type: none"> <li>OD/WD Group to have representation from all Partners, including 3<sup>rd</sup> Sector</li> <li>OD/WD Group to leverage the SPG as a consultative group to ensure deliverables are tied to Partnership outcomes</li> <li>Shared Partnership Skills Analysis to be undertaken to inform future L&amp;D plans, and create a shared learning pathway for social and health care workers (thereby increasing workforce flexibility)</li> </ul>	<p>Q1 19/20</p> <p>Ongoing</p> <p>April 2020</p>	<p>Representation of all partner organisations on the OD/WD Group</p> <p>Presentation of Partnership Skills Analysis to the IJB Group in Q1 2020</p> <p>(%) of Partnership staff undertaking training within the Development Framework</p>

Explore options to increase staff engagement at all levels of the Partnership	Staff engagement within our Partnership is key to developing our Services, and for changing our organisational culture to one of collaboration and innovation.	<ul style="list-style-type: none"> <li>Partnership to use iMatter results to inform Service based, and team led workforce development.</li> </ul>	April 2020	Publication of Partnership iMatter results
Creation of a shared induction process	Induction is key to fostering a sense of engagement with an organisation; and, is particularly important where ways of working, traditional barriers, and cultures are being challenged and developed by our Partnership approach.	<ul style="list-style-type: none"> <li>Identify specific lead to take forward creation of a joint induction process</li> <li>Shared induction process to be presented to the SPG as part of their development sessions in order to check content</li> </ul>	Q1 19/20  December 2019	Presentation of completed Shared Induction process to IJB within Q3 2019  (%) of new partnership staff completing Shared Induction process
Ensure partnership resources are used effectively to enable collaboration and joint working	Developing OD and WD initiatives requires staff who are clear on their obligations, their roles, and how their contributions help realise the Partnership's priorities and outcomes.	<ul style="list-style-type: none"> <li>Terms of reference for OD/WD Group to be refreshed in order to clarify roles &amp; responsibilities, and ensure equitable spread of time and resources across partner organisations</li> </ul>	Q1 19/20	Refreshed Terms of Reference approved by OD/WD Group within Q1 19/20
Maximise opportunities for inter-professional / inter-agency learning including 3 <sup>rd</sup> sector partners	Properly focused, aligned and equitable learning and development pathways will not only create career development opportunities, but a sense of true partnership between NHS, LA, and 3 <sup>rd</sup> Sector colleagues.	<ul style="list-style-type: none"> <li>L&amp;D leads to explore options for inter-professional learning opportunities</li> <li>L&amp;D leads to explore how Elearning and blended learning approaches can be leveraged across partner organisations</li> </ul>	To fall in line with Shared Skills Analysis and Training and Development Framework – Apr 2020	(%) of Partnership staff, 3 <sup>rd</sup> Sector, and Voluntary workforce undertaking training within the Development Framework
Promote a shared, partnership approach to L&D and skills development with staff	For training and development to be effectively promoted there needs to be a cohesive brand which promotes inclusivity and partnership.	<ul style="list-style-type: none"> <li>L&amp;D leads to explore options for partnership L&amp;D branding, thereby creating a sense of ownership and identity for staff</li> </ul>	Q3 2019/20	Partnership branding launched and attached to development opportunities

## Theme: Developing Collaborative leadership

Our Aim	Why	Specific Actions	Timescales	How we will monitor & measure success
Support the development of leadership training opportunities which promote collaboration, compassion, and resilience	A programme of leadership development will be co-produced with managers and teams to help them recognise their own leadership strengths, sources of resilience, and to help team and service leads to do so more collaboratively and effectively in delivering integrated care.	<ul style="list-style-type: none"> <li>Partnership OD/WD Group to explore leadership development opportunities, utilising both external and in-house training solutions with a view to implementing within 2020/21 financial year</li> <li>OD/WD Group to bring forward leadership development proposals for all levels of management to the SPG in order to sense check aims, content, audience, and outcomes</li> </ul>	<p>Options Appraisal to be presented to Strategic Leadership Group within <b>Q4 2019/20</b>.</p> <p>Implementation of programme within over <b>2020-22</b>.</p>	<p>(%) of Partnership Managers engaged in Leadership and Development Programme.</p> <p>(%) increase in staff engagement levels when compared against the iMatter Continuous Improvement model</p>
Ensure leadership development opportunities are provided at all levels of management				
Involve leaders from across partner organisations to emphasise co-dependency and more buy in to integrated services				
Create development pathways for our leaders – emphasising and recognising that our current staff members are our future leaders				
Provide development opportunities for SPG members on a continuing basis to embed and promote a shared vision and working culture	The Strategic Planning Group is a key enabling body to realising effective partnership working across Clackmannanshire and Stirling. The expertise of this group, and their ability to act as a critical eye to strategic initiatives should be further leveraged through ongoing development.	<ul style="list-style-type: none"> <li>SPG members to be provided with a rolling series of development events as part of their scheduled meeting cycle.</li> <li>OD Leads to create calendar of development events in line with SPG meeting cycle</li> </ul>	<b>Ongoing</b> as part of SPG meeting cycle.	Ongoing feedback and evaluation of SPG sessions sought via group membership

## Theme: Engaging and Motivating our Workforce

Our Aim	Why	Specific Actions	Timescales	How we will monitor & measure success
Ensure a harmonised approach to engagement, particularly with regards to change management.	A managed, consistent, and clear approach to cross-organisational engagement will promote our values and priorities.	<ul style="list-style-type: none"> <li>Undertake and refresh the Partnership's Participation and Engagement Strategy</li> </ul>	Update for <b>Q2 2019/20</b>	(%) increase in staff engagement, amongst other both quantitative and qualitative measures, accomplished via the iMatter Continuous Improvement model, and through reference to the deliverables within the Participation and Engagement Strategy,
Embed partnership values and behaviours which support collaboration and a person-centred approach	Our values, behaviours, and priorities should drive and be at the forefront of how our staff works on a day to day basis.	<ul style="list-style-type: none"> <li>Values and behaviours to sit at the heart of OD / LD activity, creating a thread from strategic level interventions to the Partnership's shared L&amp;D pathways</li> </ul>	Ongoing	
Ensure the roll out of an appropriate staff experience and continuous improvement model	We cannot effectively provide support to our workforce without understanding the positives, and challenges, within individual teams and work areas.	<ul style="list-style-type: none"> <li>OD / LD leads to co-ordinate roll out of the iMatter Continuous Improvement Cycle, including allocation of resources, promotion, and collation of data ahead of roll out</li> </ul>	Roll out <b>May 2019</b> , then annually thereafter	
Explore staff communication options from strategic to shop floor level in order to promote partnership values	A managed, consistent, and clear approach to cross-organisational engagement will promote our values and priorities.	<ul style="list-style-type: none"> <li>Undertake a refresh of the Partnership's Participation and engagement Strategy, ensuring engagement opportunities are outlined at each level (e.g. Executive, Strategic, Middle Manager, Staff)</li> </ul>	<b>TBC</b> by Participation and Engagement Working Group	
Create feedback and communication systems which both promote good news stories, and seeks honest and useful feedback from staff	A managed, consistent, and clear approach to cross-organisational engagement will promote our values and priorities.	<ul style="list-style-type: none"> <li>Continue to offer a range of communication options, e.g. newsletters, cascades, which promote success and invite feedback</li> </ul>	To fall in line with the refreshed Partnership and Engagement Strategy	

## Theme: Enabling Partnership Working

Our Aim	Why	Specific Actions	Timescales	How we will monitor & measure success
Undertake lessons learned from our successes with integrated working. Assess what went well, what could be improved, and apply it to later developments and initiatives	A developing partnership, with revised procedures, policies and processes requires a feedback mechanism capable of capturing successes, challenges and failures in order to develop and improve moving forward.	<ul style="list-style-type: none"> <li>• Successes to be promoted through communication strategy, and included within ongoing engagement activities</li> <li>• Undertake lessons learned from integration projects with specific emphasis on partnership working enablers</li> </ul>	To fall in line with the refreshed Partnership and Engagement Strategy	Number of lessons learned evaluations undertaken within the financial year.
Consider inclusion of voluntary and 3 <sup>rd</sup> sector service professionals in workforce development opportunities, as required and as is appropriate to do so	True Partnership working requires us to take cognisance of the contributions which our voluntary and 3 <sup>rd</sup> sector makes, and the improved incomes which could be realised from increased partnership working.	<ul style="list-style-type: none"> <li>• Project plans for engagement and workforce development to include specific consideration of 3<sup>rd</sup> sector inclusion</li> </ul>	Ongoing	Number of 3 <sup>rd</sup> Sector colleagues engaged in ongoing workforce development work.
Define the expectations on each partner organisation in order to share responsibility and establish agreed way of working	True partnership working requires a workforce who are clear about their responsibilities and are enabled to contribute effectively towards our goals and priorities.	<ul style="list-style-type: none"> <li>• Partnership to define strategic leads for work areas (e.g. HR, IT)</li> <li>• Workforce Development and Training Plan to define expectations on each partner organisation</li> </ul>	Ongoing  Apr 2020	Strategic Leads are identified and documented, with regular updating where necessary.



Work to harmonise data, policies, and processes in order to promote effective workforce planning	Effective workforce planning requires data and processes which are harmonised; thereby enabling effective supply and demand forecasts and robust future planning.	<ul style="list-style-type: none"> <li>Effective workforce planning relies on harmonised organisational information. HR leads to define a framework of HR information which can be harmonised</li> <li>Strategic leads for workforce planning to be identified within each partner organisation in order to enable 12monthly workforce plan refreshes.</li> </ul>	TBC by HR Working Group	<p>Ongoing evaluation through the workforce planning framework</p> <p>Number of organisational policies approved and harmonised for the Partnership</p>
Recognise that opportunities for true partnership working come from staff members themselves and enable this culture development to happen	The development of our Partnership cannot be taken forward in isolation, by a select group of staff and managers. To fully realise our priority outcomes we require staff who are engaged, and enabled to raise suggestions for Service improvement in an environment and culture which promotes collaboration and innovation.	<ul style="list-style-type: none"> <li>Continue to offer a range of communication options, e.g. newsletters, cascades, which promote success and invite feedback</li> <li>Undertake a refresh of the Partnership's Participation and engagement Strategy, ensuring engagement opportunities are outlined at each level (e.g. Executive, Strategic, Middle Manager, Staff)</li> </ul>	TBC by Participation and Engagement Working Group	<p>Number of Partnership newsletters distributed</p> <p>(%) increase in staff engagement, measured via the iMatter Continuous Improvement model</p> <p>Approval of refreshed Participation and Engagement Strategy via the IJB</p>



## Clackmannanshire & Stirling Integration Joint Board

27 March 2019

This report relates to  
Item 9.2 on the agenda

# Chief Officer Report

*(Paper presented by Ian Aitken)*

*For Noting*

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author</b>	Ian Aitken, Interim Chief Officer
<b>Date</b>	27 March 2019
<b>List of Background Papers/List of Appendices</b>	
None.	



**Title/Subject:** Chief Officer Report  
**Meeting:** Clackmannanshire & Stirling Integration Joint Board  
**Date:** 27 March 2019  
**Submitted By:** Ian Aitken  
**Action:** For Approval/Noting/Discussion

## **1. Introduction**

- 1.1 This paper provides a summary of the work undertaken by the Health and Social Care Partnership and raises awareness of any regional, national or UK wide issues which may have an impact on the Partnership.

## **2. Purpose & Summary**

- 2.1 This paper provides the Integration Joint Board members with information on the areas outlined within the recommendations at section 3.

## **3. Recommendations**

The Integration Joint Board is asked to:

- 3.1 Consider the recommendations under each heading which are, in this report, split into Partnership and National development areas:

### **3.2 PARTNERSHIP**

- note the publication of the Carer Short Break Statement and Carers Strategy;
- Note the position in regard to directions;
- note the appointment of Shubhanna Hussain-Ahmed as a non-voting member of the Board, representing unpaid carers in Stirling;
- note the finalisation of the Strategic Inspection (Adults) and the sign off of the inspection improvement plan;
- note the appointment of the permanent Locality Manager for Clackmannanshire;
- note the interim appointment of Darline Reekie within the Stirling Rural Locality;
- note that further development of locality structures is required;

- note the establishment of a Programme Board, led by Stirling Council to commission an appropriate user database for the purposes of records management, financial planning and Self-directed Support;
- note the inclusion of the Alcohol and Drug Partnership Plan as a delivery priority of the Strategic Commissioning Plan (2019-2022);
- note the continued delay in bringing forward the Equalities Mainstreaming Report;
- note the establishment of a Transforming Care Programme Board which will monitor the progress of all revised workstreams of the transforming care programme, in line with the Strategic Commissioning Plan 2019-2022;
- note the establishment of an office base for the IJB core team on the Stirling Health and Care Village site.

### 3.3 **NATIONAL/United Kingdom**

- note the work being done in preparation for the United Kingdom leaving the European Union

## 4. **Resource Implications**

- 4.1. There are no resource implications arising directly from this report.

## 5. **Legal & Risk Implications and Mitigation**

- 5.1. The mitigation actions are described within the considerations section of this report.

## 6. **Background**

- 6.1. In common with previous Chief Officer reports the content provides either an update on the progress of items from the last Chief Officer's report or new information. It is not possible to cover all areas of activity within this report but it does set out to focus the Board on the overarching areas of activity, development or issues which require to be addressed.

## 7. **Considerations**

### 7.1. **PARTNERSHIP**

#### 7.1.1. **Carers (Scotland) Act 2016**

It was approved at the Integration Joint Board meeting held on 28 November 2018, that a Carers Strategy and Short Break Statement for the Health and Social Care Partnership, with the acknowledgement that these may be subject to change following consultation responses or other minor amendments. The Short Break Statement was published in December 2018 and is available on the Partnership website (<https://clacksandstirlinghscp.org/publications/>). Following public consultation, the Carers Strategy has been amended accordingly, and will be published on 1 April 2019.

**The Integration Joint Board is asked to:**

- **note the publication of the Short Break Statement and Carers Strategy.**

### **7.1.2. Directions**

Further to the report to the Integration Joint Board in relation to Directions in November 2018 the revised national guidance has not yet been published as expected.

Further work and consultation on the guidance is ongoing and it is anticipated that this will be published later in 2019.

Therefore it is proposed, in the interim, to move to a position where directions are not merely a high level process linked to the budget but an integral element of considerations when the Board is making decisions which are regarded as significant changes per the Integration Scheme.

It will therefore be required to:

- Revise the standard report template to ensure the requirement for a direction is considered from June 2019; and
- Further consider the approach to directions when national guidance is published.

The Integration Joint Board is asked to:

- Note the position in regard to directions

### **7.1.3. Non-voting Membership**

Following the resignation of the unpaid carer representative for Stirling, Ms Shubhanna Hussain Ahmed, has agreed to resume this role.

**The Integration Joint Board is asked to:**

- **note the appointment of Shubhanna Hussain-Ahmed as a non-voting member of the Board.**

#### **7.1.4. Strategic Inspection (Adults)**

A meeting was held with the Strategic Inspection team and Care Inspectorate Link Inspectors on 1 February 2019 to finalise the action plan for improvement from the Strategic Inspection report. This marked the finalisation of the inspection process, and progress will continue to be monitored by the Link Inspectors to ensure adherence to areas for improvement.

**The Integration Joint Board is asked to:**

- **note the finalisation of the strategic inspection process and sign off of the inspection improvement plan.**

#### **7.1.5. Locality Manager Appointments**

A full and robust recruitment process has been undertaken to appoint to a permanent Locality Manager position for Clackmannanshire Locality. The preferred candidate is undertaking the necessary pre-employment checks and is expected to take up this post following a notice period to their current employer.

Meanwhile, to enable the establishment of the first level locality structure, an internal recruitment exercise has been carried out to appoint an Interim Locality Manager for the Stirling Rural Locality. This process has led to the appointment of Ms Darline Reekie, who will take up this post in early April 2019.

With both appointments it is notable that the senior management team will be better placed to work collaboratively to identify their support needs and operational structures thereafter. It is expected that discussions with the Chief Officer and Chief Finance Officer, along with the Chair and Vice Chair will support the development of a sustainable management structure.

**The Integration Joint Board is asked to:**

- **note the appointment of the permanent Locality Manager for Clackmannanshire;**
- **note the interim appointment of Darline Reekie within the Stirling Rural Locality;**
- **note that further development of locality structures is required and a paper detailing options will be brought to a future meeting for approval.**

#### **7.1.6. Social Care Replacement Management System**

There is a requirement to replace both user management systems currently used within both Clackmannanshire and Stirling's social care services. This needs to reflect the needs of health and social care, and provide opportunities via cloud hosting for remote working and appropriate data sharing. In order to progress this, a programme board has been established, to be led by Stirling Council on behalf of the Health and Social Care Partnership.

There are significant opportunities to improve record keeping of outcomes for people who use services, while connecting appropriately to other systems, including financial systems and the Resource Allocation System (RAS) in support of Self-directed Support approaches.

A single commissioning exercise for both Stirling and Clackmannanshire is intended to ensure a pragmatic approach is taken to avoid purchasing different systems to cover both Council partners. It is noteworthy however that there are differences in finance system which will require different software solutions which the Project Board will ensure are met.

**The Integration Joint Board is asked to:**

- **note the establishment of a Programme Board, led by Stirling Council to commission an appropriate user database for the purposes of records management, financial planning and Self-directed Support.**

#### **7.1.7. Alcohol and Drug Partnership**

The Alcohol and Drugs Partnership Plan was submitted in draft form to the Scottish Government in October 2018 and has been supported by the Forth Valley wide Alcohol and Drugs Partnership. The final plan and implementation update requires to be formally reviewed and approved by the Board. This Plan is now linked to a Strategic Commissioning Plan Priority (2019-2022) with approval therein.

**The Integration Joint Board is asked to:**

- **note the inclusion of the Alcohol and Drug Partnership Plan as a delivery priority of the Strategic Commissioning Plan (2019-2022).**

#### **7.1.8. Equalities Mainstreaming**

It had been expected that an Equalities Mainstreaming Report would be brought to the March 2019 Integration Joint Board meeting for approval.

Due to a number of conflicting priorities, this has not been possible, and it is noted that this will be submitted to the Board in June 2019.

**The Integration Joint Board is asked to:**

- **note the continued delay in bringing forward the Equalities Mainstreaming Report.**

#### **7.1.9. Transforming Care and Strategic Planning**

This update covering the work between December and early March provides the Board with information on and assurance that the work taking place to deliver the Transforming Care priorities. The workstreams and programmes in relation to each of these areas will be revised in light of the priorities identified in the Strategic Commissioning Plan (2019- 2022), as well as the Ministerial Strategic Group proposals for progressing health and social care integration.

It is proposed that a Programme Board be established in April 2019, to facilitate monitoring and review of progress in line with medium term financial planning. This will be set within the context of the priorities of the Strategic Commissioning Plan, but will ensure meaningful and measurable actions are in place to progress workstreams at the appropriate pace for service integration and delivery. Terms of Reference for this Board will be devised which reflect collaboration and involvement with Integration Joint Board participation.

**Reablement** – a preferred model for Reablement services has been developed which supports people closer to home to both avoid unscheduled admission to hospital, and to expedite safe and timely discharge. Progress to a fully costed model of care is required as the next step, integrated with community healthcare services. This will be a workstream of the Transforming Care Programme Board.

**Ludgate House Day Service** – following outcome-focused reviews of the remaining users of Ludgate House Day Service, and alternative provisions being put in place, the Care Inspectorate registered service operated by the Health and Social Care Partnership ceased to operate in January 2019. Clackmannanshire Third Sector Interface continues to identify alternative services and organisations who are able to use Ludgate House as a community hub, hosting a number of events including information sessions, and food/healthy eating events. The Carer Centre are also using this to host networking meetings weekly.

**Dementia** – The Dementia Outreach Team redesign is progressing with the team structure being in place and Airth Clinic being identified as the preferred team base.

Progress with addressing the delays in accessing Post Diagnostic Support remains. Within Clackmannanshire and Stirling the wait is

currently 13 months with approximately 200 people waiting. In Falkirk the wait is 7 months with approximately 100 people waiting.

A timeline to develop a Forth Valley Strategy for Dementia has been established by a core team, including representation from the Health and Social Care Partnership. Engagement events are being planned for May, with the intention of developing the Strategy by September 2019.

**Neighbourhood Care Team** - The planning group for this initiative have continued to meet fortnightly, developing appropriate referral pathways, systems and opportunities for information sharing. The team have identified a service base within Buchlyvie Health Centre. This service is moving into an operational phase, and it is expected that learning from this approach will support implementation of community led services across localities as per the Strategic Commissioning Plan 2019-2022.

**The Bellfield Centre** - All care service provision operations at the Bellfield Centre have now transitioned from their development within the Transformation Programme environment to a 'Business as Usual' position. Business as usual management meetings and governance routes have been mapped out and agreed, and are now in place.

Some construction and estates related works that were outside the scope of the Care Services Programme Plan referred to above still remain to be completed e.g. the café area and café kitchen, the hairdressers, and wider site car parking and landscaping works. These will be completed by Autumn 2019 within the final phase of the programme of construction.

A Clinical & Care Governance Group has been established to monitor and evaluate the quality of all of the services provided at the Bellfield Centre. In addition to this, 84 of the 116 single bed rooms at the Bellfield Centre provide Intermediate Care which is regulated by the Care Inspectorate. Intermediate Care staff are required to register with the SSSC (Scottish Social Services Council) which requires evidence of continuing professional development. The Care Inspectorate conduct regular inspections which are focused on outcomes for service users and evidence of service users of the Bellfield Centre, their family and carers, being at the centre of the decision making process about their care.

In addition to service user experience surveys, drop in feedback sessions for staff are taking place as well as staff surveys. An Organisational Development plan is being developed for the Bellfield Centre.

A lessons learned exercise for those involved in the care services provision transformation programme at the Bellfield Centre will be held

during April 2019 with the results fed into appropriate forums and future transformation projects/programmes.

**Learning Disability** - Reviews of day service users have been on-going, along with re-provision of day support services in Clackmannanshire, utilising the Whins Resource Centre. Reviews also continue for people with a learning disability who reside within residential or nursing care.

Following appropriate recruitment and selection, the Team Leader for Learning Disability services has been appointed. This supports the development of a single, integrated management structure for Learning Disability Services.

**The Integration Joint Board is asked to:**

- **note the establishment of a Transforming Care Programme Board which will monitor the progress of all revised workstreams of the transforming care programme, in line with the Strategic Commissioning Plan 2019-2022;**
- **note the ongoing review of support for the Board to progress various workstreams in the timescales required.**

**Infrastructure/Support for the Integration Joint Board/Health and Social Care Partnership** – The phased approach to the delegation of services from constituent partners has provided the opportunity to review the support and infrastructure required to deliver the key workstreams identified. Discussions have been ongoing with constituent partners to ensure clarity of the support available and how to access this.

There is a requirement within the governance schedule to review the integration scheme annually.

It is intended once this has been reviewed and agreement reached this will be brought back to the Board for approval.

**Office Base** – Office accommodation and IT support has been provided by the NHS to establish a Core Team base for the management team on the Stirling Community Health and Care Village site.

This will support improved working arrangements, reduce unnecessary travel and make more efficient use of the administrative support. A satellite base will continue to be supported in the Clackmannanshire and Stirling localities.



## 8. NATIONAL

### 8.1 Ministerial Strategic Group for Health and Community Care – Review of Progress with Integration of Health and Social Care

A review of the progress of integration of health and social care has been taken forward, led by the Ministerial Strategic Group and Convention of Scottish Local Authorities. The findings of this review were published in February 2019, with a series of proposals for all Integration Joint Boards, to act upon collaboratively with constituent and national improvement bodies. This review is noted under item 9.3 of this agenda.

## 9. UNITED KINGDOM

### 9.1 Leaving the United Kingdom (Brexit)

The partnership is working with all three constituent bodies in preparation of business continuity arrangements for Brexit. This is a fluid situation and the partnership is working to guidance from the Scottish Government's resilience arrangements via East of Scotland Regional Resilience Partnership.

The Integration Joint Board is asked to:

- note the work being done in preparation for the United Kingdom leaving the European Union

## 10. Impact on Integration Joint Board Outcomes, Priorities and Outcomes

- 10.1 This report and associated recommendations relates to the following Clackmannanshire and Stirling Health & Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate)

Fit with Local Outcomes	
Self Management	x
Community Focussed Supports	x
Safety	x
Decision Making	x
Experience	x

Fit with Our Priorities 'we will...'	
Further develop systems to enable front line staff to access and share information	x
Support more co-location of staff from across professions and organisations	x
Develop single care pathways	x
Further develop anticipatory and planned care services	x
Provide more single points of entry to services	x
Deliver the Stirling Care Village	x

Develop seven-day access to appropriate services	x
Take further steps to reduce the number of unplanned admissions to hospital and acute services	x

**11. Consultation**

Not applicable to this report.

**12. Equality and Human Rights Impact**

The content of this report **does not** require a EHRIA

**13. Data Protection Impact Assessment**

The content of this report **does not** require a DPIA.

**14. Appendices**

None.





## **Clackmannanshire & Stirling Integration Joint Board**

27 March 2019

This report relates to  
Item 9.3 on the agenda

# **Ministerial Review Group for Health and Community Care – Review of Progress with Integration of Health and Social Care**

**(Paper presented by Ian Aitken)**

*For Noting*

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author(s)</b>	Ewan C. Murray, Chief Finance Officer
<b>Date</b>	27 March 2019
<b>List of Background Papers/Appendices</b>	
Appendix 1 - MSG Review of Progress with Integration of Health and Social Care – Full Report	

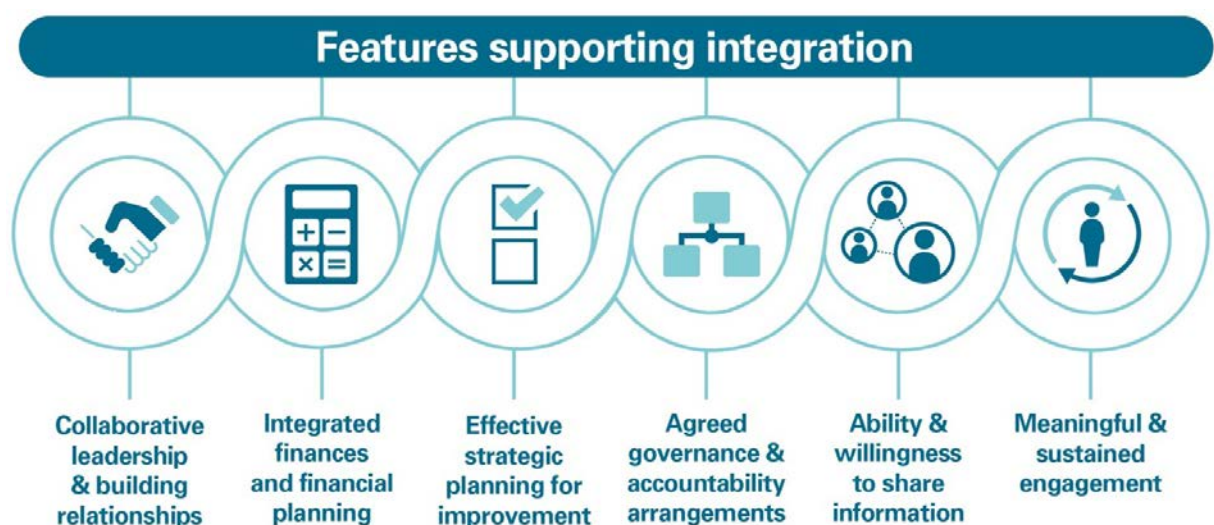
**Title/Subject:** MSG Review of Progress with Integration of Health and Social Care  
**Meeting:** Clackmannanshire & Stirling Integration Joint Board: Audit Committee  
**Date:** 27 March 2019  
**Submitted By:** Ewan C. Murray, Chief Finance Officer  
**Action:** For Noting

## **1. Introduction**

- 1.1** This report brings the publication of the Ministerial Steering Group Review (MSG Review) to the attention of the Integration Joint Board.
- 1.2** Given the very recent publication of the report a detailed report has not yet been prepared however it is important that the committee are aware of the report and the proposals contained therein.

## **2. Considerations**

- 2.1.** The MSG Review on progress with Integration of Health and Social Care was published in February 2019.
- 2.2.** The report utilises the following infographic from the Accounts Commission report on Integration Progress and sets out a series of proposals from the Leadership Group in relation to them within the body of the report, which is attached as Appendix I.



### **3. Recommendations**

The Integration Joint Board is asked to:

- 3.1. Note the report and the Leadership Group' proposals.
- 3.2. Note that, to support further development of integration locally, a self assessment in relation to the Leadership Group proposals and the recommendations of the recent Audit Scotland report will be prepared and discussed with the Integration Joint Board and/or it's committees in due course.

### **4. Resource Implications**

- 4.1. This leadership groups proposals include significant elements in relation to integrated financial planning and budgets.

### **5. Impact on Integration Joint Board Priorities and Outcomes**

- 5.1. Effective and efficient strategic planning and resource management support the Integration Joint Board to make best use of scarce public resources in pursuance of its priorities and outcomes.

### **6. Legal & Risk Implications**

- 6.1. To be assessed as part of self assessment.

### **7. Equality and Human Rights Impact Assessment**

- 7.1. N/A.

### **8. Exempt reports**

- 8.1. Not exempt.



# **Ministerial Strategic Group for Health and Community Care**

## **Review of Progress with Integration of Health and Social Care**

### **Final Report**

**February 2019**



# REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

## Introduction

Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. By integrating the planning and provision of care, partners in the public, third and independent sectors are improving people's experience of care along with its quality and sustainability. Evidence is emerging of good progress in local systems. Audit Scotland's<sup>1</sup> report on integration that was published on 15 November 2018 highlights a series of challenges that nonetheless need to be addressed, in terms particularly of financial planning, governance and strategic planning arrangements and leadership capacity.

The pace and effectiveness of integration need to increase. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.

## Why has Scotland integrated health and social care?

We have integrated health and social care so that we can ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support. We are also looking to the future: integration requires services to be redesigned and improved, with a strong focus on prevention, quality and sustainability, so that we can continue to maintain our focus on reforming and improving people's experience of care. In undertaking this review we have built upon Audit Scotland's observation that integration can work within the current legislative framework, but that Integration Authorities are operating in an extremely challenging environment and there is much more to be done: our focus is on tackling the challenges rather than revisiting the statutory basis for integration.

As part of the review, it is important to acknowledge fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. This review does not make recommendations about the health and social care workforce: that work is being undertaken through the National Workforce Plan for health and social care. We nonetheless felt it important to emphasise here the importance of our shared ambitions to develop and support the workforce for integration.

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<sup>1</sup> [Health and social care integration: update on progress](#)

## Reviewing progress with integration

As we have reviewed our progress to date, our approach has been to focus on the key questions that matter most to people who use services and the systems we have put in place in order to better support those priorities. We have asked ourselves where we are making progress and where the barriers are that may prevent professionals and staff across health and social care from using their considerable skills and resources to best effect. When the Scottish Government first consulted upon plans for integration<sup>2</sup>, it focused on four key objectives, which remain central to our aims:

- Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members
- Health and social care services should be characterised by strong and consistent clinical and care professional leadership
- The providers of services should be held to account jointly and effectively for improved delivery
- Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered

The legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014, sets out principles and outcomes, which sit at the centre of our ambitions:

### **Principles of integration:** services should<sup>3</sup>:

1. Be integrated from the point of view of service-users
2. Take account of the particular needs of different service-users
3. Take account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respect the rights of service-users
6. Take account of the dignity of service-users
7. Take account of the participation by service-users in the community in which service-users live
8. Protect and improve the safety of service-users
9. Improve the quality of the service
10. Be planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
11. Best anticipate needs and prevents them arising, and
12. Makes the best use of the available facilities, people and other resources.

<sup>2</sup> [Integration of Adult Health and Social Care in Scotland: Consultation on Proposals \(May 2012\)](#)

<sup>3</sup> [http://www.legislation.gov.uk/asp/2014/9/pdfs/asp\\_20140009\\_en.pdf](http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf)

## **National health and wellbeing outcomes<sup>4</sup>**

1. People are able to look after and improve their own health and wellbeing and live in good health for longer
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
7. People using health and social care services are safe from harm
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9. Resources are used effectively and efficiently in the provision of health and social care services

The purpose of this review is to help ensure we increase our pace in delivering all of these objectives.

### Review process

At its meeting on 20 June 2018, the Ministerial Strategic Group agreed that the review would be taken forward via a small “leadership” group of senior officers chaired by Paul Gray (Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a “reference” group to the leadership group.

Membership of the review leadership group is as follows:

- Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHSScotland)
- Sally Loudon (co-chair) (Chief Executive of COSLA)
- Paul Hawkins (Chief Executive of NHS Fife, representing NHS Chief Executives)
- Andrew Kerr (Chief Executive of Edinburgh City Council, representing SOLACE)
- David Williams (Chief Officer of Glasgow City IJB and Chair of the Chief Officers’ network, representing IJB Chief Officers)
- Annie Gunner Logan (Chief Executive of CCPS, representing the third sector)
- Donald MacAskill (Chief Executive of Scottish Care, representing the independent sector)

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<sup>4</sup> [http://www.legislation.gov.uk/ssi/2014/343/pdfs/ssi\\_20140343\\_en.pdf](http://www.legislation.gov.uk/ssi/2014/343/pdfs/ssi_20140343_en.pdf)

The work of the review leadership group followed this timetable:

<b>Meeting date</b>	<b>Topics for discussion</b>
24/09/18	Finance: agreeing, delegating and using integrated budgets
23/10/18	Governance and commissioning arrangements, including clinical and care governance
27/11/18	Delivery and improving outcomes including consideration of the Audit Scotland report on integration (published 15/11/18)
19/12/18	Conclusions and agreement on recommendations, to be reported to the MSG on 23/01/19

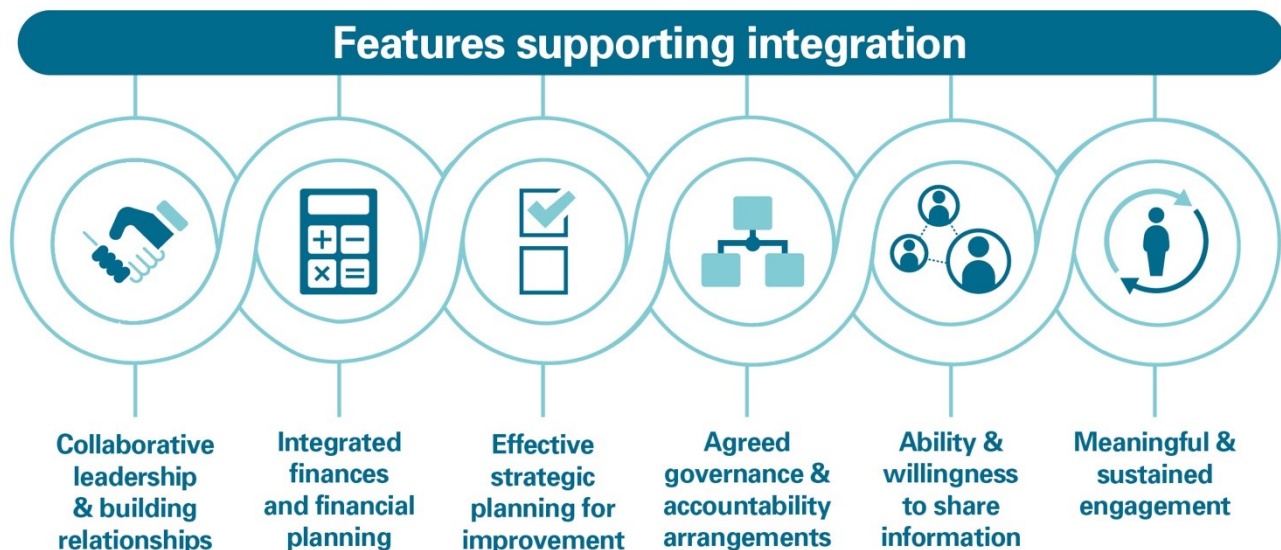
This report draws together the group's proposals for ensuring the success of integration. It builds upon the first output of our review, the joint statement issued on 26 September 2018, which is at Annex A of this report.

Integration Review Leadership Group  
4 FEBRUARY 2019

## Audit Scotland report

1. The group recognised that the Audit Scotland report on integration that was published in November 2018 provides important evidence for changes that are needed to deliver integration well. The group noted their agreement with Audit Scotland's recommendations. The group recommends that these recommendations should be acted upon in full by the statutory health and social care partners in Scotland. In addition, the group noted that workforce issues were not considered in any detail in the audit, but recommends that those should be a key focus for statutory and non-statutory partners taking forward integration.

2. Within a broad context of focussing on improving outcomes for people who use services and delivering sustainable, high quality services, the group noted specifically that exhibit 7 from the Audit Scotland report, reproduced below, provides a helpful framework within which to make progress. The group agreed to set out its proposals, in this report, under the headings identified in the exhibit, each of which was considered fully in turn.



3. As a group, we decided to set out "proposals" in this report rather than "recommendations" to underline that the commitments our proposals make are a shared endeavour, which we are each signed up to on a personal level as senior leaders and on behalf of our respective organisations. We have used "we" throughout the proposals set out in this document to further emphasise this.

4. In our review work, we recognised, as the Audit Scotland report does, that there is good practice developing, both in terms of how Integration Joint Boards (IJBs) are operating, and in how services are being planned and delivered to ensure better outcomes. However, this is not yet the case in all areas. We know there are challenges we must address and want to make use of good practice to drive forward change and reform to truly deliver integration for the people of Scotland.

## Leadership Group Proposals

Our proposals focus on our joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland. They are a reflection of our shared commitment to making integration work, set out in our joint statement from September 2018.

### **1. Collaborative leadership and building relationships**

Shared and collaborative leadership must underpin and drive forward integration.

#### **We propose that:**

**1. (i) All leadership development will be focused on shared and collaborative practice.** An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.

**Timescale:** 6 months

**1. (ii) Relationships and collaborative working between partners must improve.** Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.

**Timescale:** 12 months

**1. (iii) Relationships and partnership working with the third and independent sectors must improve.** Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.

**Timescale:** 12 months

## 2. Integrated finances and financial planning

Money must be used to maximum benefit across health and social care. Our aim for integration has been to create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. Our proposals for integrated finances and financial planning focus on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government’s Medium Term Framework for Health and Social Care<sup>5</sup>.

### **We propose that:**

**2. (i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.** In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.

**Timescale:** By 1<sup>st</sup> April 2019 and thereafter each year by end March.

**2. (ii) Delegated budgets for IJBs must be agreed timeously.** The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.

**Timescale:** By end of March 2019 and thereafter each year by end March

**2. (iii) Delegated hospital budgets and set aside requirements must be fully implemented.** Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.

**Timescale:** 6 months

**2. (iv) Each IJB must develop a transparent and prudent reserves policy.** This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a

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<sup>5</sup> [Scottish Government Medium Term Health and Social Care Financial Framework](#)

contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.

**Timescale:** 3 months

**2. (v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:

*It is recommended that the Health Board and Local Authority Directors of Finance and the Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.*

**Timescale:** 6 months

**2. (vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.** Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.

**Timescale:** from 31<sup>st</sup> March 2019 onwards.



### 3. Effective strategic planning for improvement

Maximising the benefit of health and social care services, and improving people's experience of care, depends on good planning across all the services that people access, in communities and hospitals, effective scrutiny, and appropriate support for both activities.

**We propose that:**

**3. (i) Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Chief Officers must be recognised as pivotal in providing the leadership needed to make a success of integration and should be recruited, valued and accorded due status by statutory partners in order that they are able to properly fulfil this "mission critical" role. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership's range of responsibilities.

**Timescale:** 12 months

**3. (ii) Improved strategic inspection of health and social care is developed to better reflect integration.** As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:

- As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.
- There is a more balanced focus across health and social care ensured in strategic inspections.

**Timescale:** 6 months

**3. (iii) National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.** These bodies include Healthcare Improvement Scotland, the Care Inspectorate, the Improvement Service and NHS National Services Scotland. Improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.

**Timescale:** 3 - 6 months

**3. (iv) Improved strategic planning and commissioning arrangements must be put in place.** Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and

capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.

**Timescale:** 12 months

**3. (v) Improved capacity for strategic commissioning of delegated hospital services must be in place.** As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.

**Timescale:** 12 months

#### 4. Governance and accountability arrangements

Governance and accountability must be clear and commonly understood for integrated services.

##### **We propose that:**

**4. (i) The understanding of accountabilities and responsibilities between statutory partners must improve.** The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure there is clarity about the decision making responsibilities of the IJB and that decisions are made where responsibility resides. Existing committees and groups should be refocused to share information and support the IJB.

**Timescale:** 6 months

**4. (ii) Accountability processes across statutory partners will be streamlined.** Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.

**Timescale:** 12 months

**4. (iii) IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.** There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.

**Timescale:** 12 months

**4. (iv) Clear directions must be provided by IJBs to Health Boards and Local Authorities.** Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.

**Timescale:** 6 months

**4. (v) Effective, coherent and joined up clinical and care governance arrangements must be in place.** Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors.

The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, coordinated and utilised fully.

**Timescale:** 6 months

## 5. Ability and willingness to share information

Understanding where progress and problems are arising is key to implementing learning and delivering better care in different settings.

### **We propose that:**

**5. (i) IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.** Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.

**Timescale:** By publication of next round of annual reports in July 2019

**5. (ii) Identifying and implementing good practice will be systematically undertaken by all partnerships.** Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.

**Timescale:** 6 - 12 months

**5. (iii) A framework for community based health and social care integrated services will be developed.** The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.

**Timescale:** 6 months

## 6. Meaningful and sustained engagement

Integration is all about people: improving the experience of care for people using services, and the experience of people who provide care. Meaningful and sustained engagement has a central role to play in ensuring that the planning and delivery of services is centred on people.

### We propose that:

6. (i) **Effective approaches for community engagement and participation must be put in place for integration.** This is critically important to our shared responsibility for ensuring services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.

**Timescale:** 6 months

6. (ii) **Improved understanding of effective working relationships with carers, people using services and local communities is required.** Each partnership should critically evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.

**Timescale:** 12 months

6. (iii) **We will support carers and representatives of people using services better to enable their full involvement in integration.** Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.

**Timescale:** 6 -12 months

**In support of these proposals we will:**

- Provide support with implementation;
- Prepare guidance and involve partners in the preparation of these;
- Assist with the identification and implementation of good practice;
- Monitor and evaluate progress in achieving proposals;
- Make the necessary links to other parts of the system, such as workforce planning;
- Continue to provide leadership to making progress with integration;
- Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

**In support of these proposals we expect:**

- Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.
- Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place.
- Partnerships to be innovative in progressing integration.

## Annex A – Joint Statement



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Riaghaltas na h-Alba  
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NHS Board Chairs  
Local Authority Leaders  
Integration Joint Board Chairs and Vice Chairs  
NHS Board Chief Executives  
Local Authority Chief Executives  
Integration Joint Board Chief Officers  
Chief Executive, SCVO  
Chief Executive, Health and Social Care Alliance  
Chief Executive, CCPS  
Chief Executive, Scottish Care

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26 September 2018

Dear colleagues

The Scottish Government, NHS Scotland and COSLA share responsibility for ensuring the successful integration of Scotland's health and social care services. We are therefore delighted to send to you today a joint statement, attached to this letter, setting out our shared commitment to integration as leaders in the public sector.

This statement is the first output from our review of integration, which is now underway via the Ministerial Strategic Group for Health and Community Care. It frames our joint ambitions for integration and sets the context for recommendations that will follow from the review.

We look forward to continuing to work with you all to deliver integration, and, through it, better care for people using health and social care services in Scotland.

**JEANE FREEMAN**  
Cabinet Secretary for Health and Sport

**COUNCILLOR ALISON EVISON**  
COSLA President



## **DELIVERING INTEGRATION**

We need to step up the pace of integrating health and social care. Truly integrated services, focused on the needs of citizens – individuals, carers and families, and on the health and wellbeing of local communities – require our leadership and personal commitment. We need to act together and in our individual roles to accelerate progress.

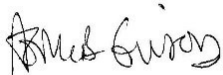
There are challenges that we must address. We will work together, and with our local populations as well as partners in the third and independent sectors, to understand public expectations and better meet needs for health and social care, which go hand-in-hand with improvements in life expectancy and the availability of new medicines and technologies. We are already making progress. We recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland.

The Public Bodies (Joint Working) Act 2014 puts in place governance and financial arrangements, and a set of outcomes, for us to work within to achieve integration. We share a duty to empower Integration Authorities, to hold ourselves and one another to account in order to make integration work. We will learn from one another and adopt good practice. We will also work collaboratively and in partnership beyond the statutory sector to deliver improvements.

We commit to delivering together because that is the right way to deliver better services for our citizens.



**CABINET SECRETARY FOR HEALTH AND SPORT**



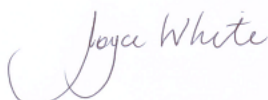
**COSLA PRESIDENT**



**DIRECTOR GENERAL, SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE  
DIRECTORATES AND CHIEF EXECUTIVE, NHSSCOTLAND**



**CHIEF EXECUTIVE, COSLA**



**CHAIR, SOLACE**

26 SEPTEMBER 2018



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## **Clackmannanshire & Stirling Integration Joint Board**

27 March 2019

This report relates to  
Item 10.1 on the agenda

# **Integration Joint Board Committees Review**

*(Paper presented by Ewan Murray)*

*For Noting*

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author</b>	Ewan Murray, Chief Finance Officer
<b>Date</b>	27 March 2019
<b>List of Background Papers/List of Appendices</b>	
Appendix I – Draft Terms of Reference for Finance and Performance Committee Appendix II – Draft Terms of Reference for Audit and Risk Committee	

**Title/Subject:** Integration Joint Board Committees Review  
**Meeting:** Clackmannanshire & Stirling Integration Joint Board  
**Date:** 27 March 2019  
**Submitted By:** Ewan Murray  
**Action:** For Approval

## **1. Introduction**

- 1.1 The IJB's committee's are required to review their terms of reference on an annual basis.
- 1.2 The (previous) Chief Officer, Chair and Vice Chair of the Integration Joint Board, tasked the Chief Finance Officer with leading a review of the terms of references of the IJB's committees as part of a wider review of governance arrangements per the governance workplan taking into account, where possible, practice and experience across other partnerships in Scotland.
- 1.3 The Finance and Audit Committees reviewed their terms of reference on 19 and 20 February 2019 respectively.
- 1.4 This paper details the proposed changes to the Terms of Reference for those committees for consideration by the Integration Joint Board.
- 1.5 At this time the review has not considered the whether any further committees are required to support the work and functions of the Integration Joint Board. The review did, however, observe that many Integration Joint Boards have Clinical and Care Governance Committees as part of their structures. Given there is a planned Internal Audit Review of Clinical and Care Governance arrangements about to commence it is proposed that further consideration of this issue be taken when the review and its recommendations are reported to the IJB Audit Committee.

## **2. Purpose & Summary**

- 2.1 This paper provides the Integration Joint Board members with information on the areas outlined within the recommendations at section 3.

## **3. Recommendations**

The Integration Joint Board is asked to:

- 3.1 Approve the renaming of the Finance Committee to the Finance and Performance Committee.

- 3.2 Approve the proposed Terms of Reference for the Finance and Performance Committee (Appendix I).
- 3.3 Approve the renaming of the Audit Committee to the Audit and Risk Committee.
- 3.4 Approve the proposed Terms of Reference for the Audit and Risk Committee.

#### **4. Considerations: Finance and Performance Committee**

- 4.1. The Chief Finance Officer has examined committee structures and Terms of Reference in other partnership areas. There are 3 main operating models observed:
  - 4.1.1. Audit and Performance (often with Risk) Committees
  - 4.1.2. Finance/Resources and Performance Committees
  - 4.1.3. Performance only being reported at Integration Joint Board level
- 4.2. Given the clear and identified need to develop our planning and scrutiny arrangements and ensure service proposals assist in financial sustainability whilst taking regard of performance implications the second operating model was considered the most appropriate.
- 4.3. The committee will perform a scrutiny and assurance function in relation to service performance review for the Integration Joint Board. Given the need for ongoing significant service change this function will be valuable to the Integration Joint Board.
- 4.4. There will be a requirement to agree dedicated Performance Support to the Finance and Performance Committee as part of agreement of support service arrangements.

#### **5. Considerations: Audit and Risk Committee**

- 5.1 Considering the level of financial risk in relation to the sustainability of the partnership, the need to further consider risk management arrangements in light of operational delegation of services and a general consensus that the profile of risk management requires to be raised.
- 5.2 There are three main operating models for Audit Committees across IJBs, these being:
  - 5.2.1 Audit and Risk
  - 5.2.2 Audit and Performance
  - 5.2.3 Audit and Finance

- 5.3 Given that risk already forms part of the Audit Committees Terms of Reference and the voting members have expressed an intention to incorporate Performance into the Finance Committees remit the first model appears to optimal option to complement the evolution of partnership arrangements.
- 5.4 The Audit Committees current Terms of Reference require 3 out of 4 voting members to be present for the meeting to be quorate. The intention of this at the outset was to ensure representation from all of the constituent authorities at each committee meeting. However experience has proved difficult to ensure the committee is quorate at times despite the Terms of Reference allowing substitutes. The proposed Terms of Reference therefore seeks to bring the committee in line with both the IJB and Finance Committee where 50% of voting members are required to be present for the committee to be quorate.
- 5.5 There will be a requirement to agree dedicated Risk Management support to the Audit and Risk Committee as part of agreement of support services arrangements.

## 6. Resource Implications

- 6.1. There are no resource implications arising directly from this report.

## 7. Legal & Risk Implications and Mitigation

- 7.1. The committee structure forms part of the Integration Joint Boards governance arrangements assisting in ensuring legal compliance and risk mitigation.

## 8. Impact on Integration Joint Board Outcomes, Priorities and Outcomes

- 8.1 This report and associated recommendations relates to the following Clackmannanshire and Stirling Health & Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate).

Fit with Local Outcomes	
Self Management	x
Community Focussed Supports	x
Safety	x
Decision Making	x
Experience	x

Fit with Our Priorities 'we will...'	
Further develop systems to enable front line staff to access and share information	x
Support more co-location of staff from across professions and organisations	x
Develop single care pathways	x

Further develop anticipatory and planned care services	x
Provide more single points of entry to services	x
Deliver the Stirling Care Village	x
Develop seven-day access to appropriate services	x
Take further steps to reduce the number of unplanned admissions to hospital and acute services	x

## 9. Consultation

Not applicable to this report.

## 10. Equality and Human Rights Impact

The content of this report **does not** require an EHRIA.

## 11. Data Protection Impact Assessment

The content of this report **does not** require a DPIA.

## 12. Appendices

Appendix I – Draft Terms of Reference for Finance and Performance Committee

Appendix II – Draft Terms of Reference for Audit and Risk Committee





## **CLACKMANNANSHIRE AND STIRLING HEALTH AND SOCIAL CARE PARTNERSHIP**

### **INTEGRATION JOINT BOARD (IJB) FINANCE & PERFORMANCE COMMITTEE DRAFT TERMS OF REFERENCE**

#### **Constitution**

The IJB shall appoint the Committee. The Committee should agree the professional advisors it requires on a regular and ad-hoc basis. The Committee is required to review its terms of reference on an annual basis.

The Committee will normally meet 4 times per annum, however additional meetings would be scheduled on an ad-hoc basis as determined by the Chair. The Committee will be supported and serviced by the Chief Officer and Chief Finance Officer. The Finance Committee will report to the Integration Joint Board.

The committee will be held in private. Its considerations and recommendations will be reported to the Integration Joint Board thus becoming public in due course.

#### **Chairperson**

The Integration Joint Board shall appoint the Chair and Vice Chair of the Committee who will be voting members of the Integration Joint Board.

The Chair and Vice Chair of the Finance and Performance Committee shall not be the Chairs of either the Integration Joint Board or the Audit and Risk Committee.

The Chair and Vice Chair of the Finance and Performance Committee will rotate on a 2 yearly basis.

#### **Membership**

The Integration Joint Board shall appoint the membership of the Committee. It is proposed the membership consists of eight voting members with two being from each of Clackmannanshire Council and Stirling Councils and four being from NHS Forth Valley.

Substitutions for voting members will be permitted however substitutes will also require to be members of the Integration Joint Board.

The Chief Officer and Programme Manager and Chief Finance Officer will normally attend the committee thus providing an explicit link to the Strategic Planning Group and strengthening the link between strategic and financial planning.

#### **Quorum**

50% of the voting members being present will constitute a quorum.

### **Functions Referred**

The following functions of the Integration Joint Board shall stand referred to the Finance Committee –

1. Provide financial governance and scrutiny of the in scope budget for the Integration Joint Board / Health and Social Care Partnership.
2. Review the annual budgets proposals including options for service delivery and efficiency and savings proposals with recommendations to the Integration Joint Board taking into account assessed risk in relation to performance.
3. Ensure that the senior management team maintain effective controls within their services which comply with financial procedures and regulations.
4. Provide oversight and scrutiny of efficiency and savings programmes and, where required, budget recovery plans including relationship with activity and performance and alignment with the Strategic Plan priorities.
4. Consider and review the Integration Joint Board's financial strategy in support of the strategic commissioning plan and recommend approval to the Integration Joint Board.
5. Receive reports in new and emerging national policy developments related to health and social care and consider any impact on the financial position.
6. Maintain and oversight and scrutiny role in relation to overall performance of the Partnership against the Strategic Plan, National Outcomes/ Local Delivery Plan / HEAT Targets and the emergent locality plans;
7. Review key performance indicators and targets in respect of the scrutiny function and to assure continuous improvement in delivery of key performance indicators
8. Receive and consider service performance reviews and provide assurance on these to the Integration Joint Board.

## **CLACKMANNANSHIRE AND STIRLING HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB)**

### **AUDIT & RISK COMMITTEE DRAFT TERMS OF REFERENCE**

#### **Constitution**

The IJB shall appoint the Committee. The Committee should agree the professional advisors it requires on a regular and ad-hoc basis. The Committee is required to review its terms of reference on an annual basis.

The Committee will meet at least twice per annum. The Committee will be supported and serviced by the Chief Finance Officer and a Nominated Risk Management Lead from one of the Constituent Authorities. The Audit Committee will report to the Integration Joint Board

#### **Chairperson**

The Integration Joint Board shall appoint the Chairperson of the Committee who will be one of the voting members of the Committee. The Chairperson should not be the Chair of the Board or Chair of the Finance and Performance Committee.

The Chair will rotate every 2 years.

#### **Membership**

The Integration Joint Board shall appoint the membership of the Committee. It is proposed the membership consists of four voting members with one being from each of Clackmannanshire Council and Stirling Councils and two being from NHS Forth Valley plus two non-voting members.

Substitutions are permitted but must be from the memberships of the Integration Joint Board.

#### **Quorum**

50% of the voting members being present will constitute a quorum.

## **Functions Referred**

The following functions of the Integration Joint Board shall stand referred to the Audit Committee –

1. Assess the adequacy and effectiveness of the Integration Joint Board's internal controls and corporate governance arrangements and consider the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated;
2. Ensure existence of and compliance with an appropriate Risk Management Strategy. Review risk management arrangements and receive regular risk management updates and reports;
3. Review and approve the Internal Audit Annual Plan on behalf of the Integration Joint Board, receive reports and oversee and review progress on actions taken on audit recommendations and report to the Integration Joint Board on these as appropriate;
4. Consider the External Audit Annual Plan on behalf of the Integration Joint Board, receive reports and consider matters arising from these and management actions identified in response before submission to the Integration Joint Board; The Audit Committee may also consider relevant national audit reports particularly those relating to Health and Social Care Integration from Audit Scotland.
5. Consider annual financial accounts and related matters before submission to and approval by the Integration Joint Board; and
6. The committee is responsible for ensuring best value for those delegated functions.
7. The Committee is authorised by the Integration Joint Board to investigate any activity within its terms of reference, and in so doing, may seek any information it requires.



## **Clackmannanshire & Stirling Integration Joint Board**

27 March 2019

This report relates to  
Item 10.2 on the agenda

# **Directions: Integration Joint Board to Constituent Authorities**

*(Paper presented by Ian Aitken)*

*For Approval*

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author(s)</b>	Ewan Murray, Chief Finance Officer & Janice Young, Programme Manager
<b>Date:</b>	
<b>List of Background Papers/List of Appendices</b>	
Integration Joint Board 9.2 Directions Paper – 28 November 2018	

**Title/Subject:**        **Directions: Integration Joint Board to Constituent Authorities**  
**Meeting:**            **Clackmannanshire & Stirling Integration Joint Board**  
**Date:**                **27 March 2019**  
  
**Submitted By:**      **Ewan Murray**  
**Action:**              **For Approval**

## **1.     Introduction**

- 1.1.    Directions are the mechanism by which the IJB will implement the Strategic Commissioning Plan, and 'direct' each of the constituent authorities in their delivery of relevant services within the resources available.
- 1.2.    It will be expected that any significant decision by the Integration Joint Board, going forward, will require a Direction. The responsibility for carrying out a Direction lies with the constituent authority being directed. Together this brings a mutuality of responsibility and accountability between the IJB and the constituent authorities in the planning and delivery of integration functions.

## **2.     Purpose & Summary**

- 2.1.    The Integration Joint Board approved a paper on 28 November 2018 in relation to a future approach to Directions on the premise that new national guidance would be issued in early 2019.
- 2.2.    The revised national guidance is now anticipated to be finalised and published in late 2019 after further consultation and review of practice across Scotland.
- 2.3.    In the meantime it is proposed to keep initial 2019/20 Directions at a relatively high level and based on consideration and approval of the 2019/20 Strategic Commissioning Plan and consideration of the 2019/20 Revenue Budget but move to a position, per the approved approach to Directions, of considering whether a Direction is required when the Board make any future significant change decisions as defined by the Integration Scheme. To this end the Board paper template will require to be revised for future meetings.
- 2.4.    The requirement for Directions will be considered alongside the implementation of the Strategic Commissioning Plan 2019-2022, and the Locality and Delivery & Transformation Plans being developed to which underpin enactment of the plan.

### 3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Instruct the Interim Chief Officer to issue initial directions for 2019/20 as part of an interim position to allow service delivery to continue
- 3.2. Note that development of an operating procedure for the issue and monitoring arrangements for Directions will be prepared for and reviewed by the Audit Committee.
- 3.3. Note the work required to change the Integration Joint Board paper template to reflect the issuing of Directions.
- 3.4. Task the Chief Officer to review the approach to Directions and make recommendations for further development of the approach to the Integration Joint Board in support of discharge of the Strategic Commissioning Plan by November 2019.

### 4. Resource Implications

- 4.1. Directions themselves play an integral role in the directing of resources between the three constituent authorities and in supporting the further integration of service delivery.

### 5. Legal & Risk Implications and Mitigation

- 5.1. Directions are legally binding on constituent authorities. As such, it is in the interests of the IJB and of constituent authorities that Directions be clear in scope and content, and easily identifiable. For the IJB, so as it is clear what has been directed and can monitor compliance. For constituent authorities, Directions are the legal basis on which they continue to deliver relevant services and so they require to be clear as to the way in which they are being directed to do so.
- 5.2. Lack of clarity around the scope or content of a Direction could pose a risk, particularly if it was then unclear about the decision made and the associated resources. A clear and transparent approach to Directions should ensure there is a clear audit trail of decision making regarding finances, and service delivery.

### 6. Background

- 6.1. An Integration Joint Board must give Direction to a constituent authority **in writing** to carry out each function delegated to it (s.27(5)(b) Public Bodies (Joint Working (Scotland) Act 2014) (**the 2014 Act**). The constituent authority, locally NHS Forth Valley Health Board, Stirling Council and Clackmannanshire



Council, does not have discretion as to whether to comply with a Direction. Directions will be increasingly important to the effective functioning of the IJB. As each Direction confers a legal obligation on the recipient constituent authority, they are the means by which the IJB tells its partners what is to be delivered, using the integrated budget.

- 6.2. The Scottish Government circulated draft statutory guidance to integration authorities in September 2018, which had previously been considered in preparation of the report submitted on Directions to the Board in November 2018. The draft guidance is currently subject to consultation and testing within other Integration Joint Boards, led by Greater Glasgow and Clyde Health Board. The issuing of any further guidance will prompt Boards to consider whether they are appropriately and effectively using Directions to deliver their Strategic Plans.
- 6.3. It is anticipated that finalised guidance will be issued by the Scottish Government in late 2019, which will inform the way forward for all Integration Joint Boards.
- 6.4. The issuing of written Directions will be in line with the Strategic Commissioning Plan for 2019-2022.

## **7. Considerations**

- 7.1. The procedure that leads to the issuing of a Direction, as well as their form and content, require to be considered. This is necessary for the development of operating procedures to support the issuing of Directions.
- 7.2. It is anticipated that a standard operating procedure for Directions will be presented to the IJB Audit Committee in 2019 outlining the governance arrangements around the preparation and issuing of Directions by the IJB and how it will monitor compliance. (Compliance will also be a matter for constituent authorities to assure themselves of internally).
- 7.3. To date, Directions have been issued in letter form on the Board's behalf by the Chief Officer of the IJB to the Chief Executives of the constituent authorities. It is not proposed that practice change at this stage. Letters will be issued to constituent authorities by 1 April 2019 in support of this process. Changes are proposed to the form Directions take albeit that these will be issued in letter form at this time.
- 7.4. Under section 27 the 2014 Act:

### **A Direction must:**

- 7.4.1 identify the function(s) to which it relates;
- 7.4.2 specify the payments themselves, or the method of determining the payments that are to be made by the IJB to the constituent authority

who is to carry out the function (or, if relevant, address matters around set-aside budget); and

7.4.3 specify how any such sum or payment, is to be used.

The IJB is under an obligation to make payments to constituent authorities in the way prescribed in a Direction (s.27(3) 2014 Act).

7.5 Letters have previously been issued on an annual basis to indicate the approach to Directions for the year ahead for each constituent authority. For 2019-2020, letters will be issued to each constituent authority to indicate:

7.5.1 the services in scope under Directions

7.5.2 the functions associated with those services

7.5.3 the associated budget for the Health and Social Care Partnership

## 8. Impact on Integration Joint Board Outcomes, Priorities and Outcomes

8.1. This report and associated recommendations relates to the following Clackmannanshire and Stirling Health & Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate)

Fit with Local Outcomes	
Self Management	x
Community Focussed Supports	x
Safety	x
Decision Making	x
Experience	x

Fit with Our Priorities 'we will...'	
Further develop systems to enable front line staff to access and share information	x
Support more co-location of staff from across professions and organisations	x
Develop single care pathways	x
Further develop anticipatory and planned care services	x
Provide more single points of entry to services	x
Deliver the Stirling Care Village	x
Develop seven-day access to appropriate services	x
Take further steps to reduce the number of unplanned admissions to hospital and acute services	x

**9. Consultation**

The Integration Joint Board have previously considered and approved the proposed approach to directions.

**10. Equality and Human Rights Impact**

The content of this report **does not** require a EHRIA

**11. Data Protection Impact Assessment**

The content of this report **does not** require a DPIA.

Date Directions issued and recipient – [ 28 March 2019 Cathie Cowan,  
Chief Executive, Forth Valley Health Board ]

**DIRECTIONS FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD (the “IJB”) TO [NHS FORTH VALLEY HEALTH BOARD/ STIRLING COUNCIL/ CLACKMANNANSHIRE COUNCIL] (the “CONSTITUENT AUTHORITY”)**

**ISSUED UNDER 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

Direction Number  (status – current, superseded or revoked)	Statutory Function(s) to which Direction relates	Any limitation/ caveat specific to Function(s)	Substance of Direction	Budget or reference to where Budget outlined
<p><b>All Directions listed below are subject to the following:</b></p> <ol style="list-style-type: none"> <li>1. They shall be discharged within the budget prescribed. The prescribed budget shall be used by the Constituent Authority to discharge the statutory function and deliver services within scope of these Directions;</li> <li>2. They shall be discharged in a manner consistent with: <ul style="list-style-type: none"> <li>• the IJB’s Strategic Plan approved on 27 March 2019</li> <li>• the Integration Delivery Principles; and</li> <li>• the National Health &amp; Wellbeing Outcomes.</li> </ul> </li> <li>3. They shall continue to be discharged, and relevant services shall continue to be delivered, by the Constituent Authority as they were immediately prior to 1 April 2016, subject to any subsequent decision by the IJB which has otherwise directed how that function should be discharged by the Constituent Authority (strategic decisions as to the discharge of any of the functions within these Directions require to be referred to the IJB for a decision prior to implementation); and</li> <li>4. Any future Direction by the IJB to the Constituent Authority.</li> </ol>				
<b>19/20 – [NHSFV] – 1 (Current)</b>	<b>Per Annex 1 Part 1 of Integration Scheme</b>	Budget Prescribed	Continuation of Delegated Functions & Services per Annex 1 Part 1 and 2 of Integration Scheme	Payment £112.197m Set Aside Budget for Large Hospital Services £20.934m Partnership Funding £3.224m Social Care Funding £0.128m

Date Directions issued and recipient – [ 28 March 2019 Nikki Bridle,  
Chief Executive, Clackmannanshire Council ]

**DIRECTIONS FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD (the “IJB”) TO [NHS FORTH VALLEY HEALTH BOARD/ STIRLING COUNCIL/ CLACKMANNANSHIRE COUNCIL] (the “CONSTITUENT AUTHORITY”)**

**ISSUED UNDER 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

Direction Number  (status – current, superseded or revoked)	Statutory Function(s) to which Direction relates	Any limitation/ caveat specific to Function(s)	Substance of Direction	Budget or reference to where Budget outlined
<p><b>All Directions listed below are subject to the following:</b></p> <ol style="list-style-type: none"> <li>1. They shall be discharged within the budget prescribed at Appendix [X]. The prescribed budget shall be used by the Constituent Authority to discharge the statutory function and deliver services within scope of these Directions;</li> <li>2. They shall be discharged in a manner consistent with: <ul style="list-style-type: none"> <li>• the IJB’s Strategic Plan approved on 27 March 2019</li> <li>• the Integration Delivery Principles; and</li> <li>• the National Health &amp; Wellbeing Outcomes.</li> </ul> </li> <li>3. They shall continue to be discharged, and relevant services shall continue to be delivered, by the Constituent Authority as they were immediately prior to 1 April 2016, subject to any subsequent decision by the IJB which has otherwise directed how that function should be discharged by the Constituent Authority (strategic decisions as to the discharge of any of the functions within these Directions require to be referred to the IJB for a decision prior to implementation); and</li> <li>4. Any future Direction by the IJB to the Constituent Authority.</li> </ol>				
<b>19/20 – [CC] – 1 (Current)</b>	<b>Per Annex 2 Part 1 of Integration Scheme</b>	Budget Prescribed	Continuation of Delegated Functions & Services per Annex 2 Part 1 and 2 of Integration Scheme	Payment £17.084m

Date Directions issued and recipient – [ 28 March 2019 Carol Beattie,  
Chief Executive, Stirling Council ]

**DIRECTIONS FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD (the “IJB”) TO [NHS FORTH VALLEY HEALTH BOARD/ STIRLING COUNCIL/ CLACKMANNANSHIRE COUNCIL] (the “CONSTITUENT AUTHORITY”)**

**ISSUED UNDER 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

<b>Direction Number</b>  (status – current, superseded or revoked)	<b>Statutory Function(s) to which Direction relates</b>	<b>Any limitation/ caveat specific to Function(s)</b>	<b>Substance of Direction</b>	<b>Budget or reference to where Budget outlined</b>
<p><b>All Directions listed below are subject to the following:</b></p> <ol style="list-style-type: none"> <li>1. They shall be discharged within the budget prescribed at Appendix [X]. The prescribed budget shall be used by the Constituent Authority to discharge the statutory function and deliver services within scope of these Directions;</li> <li>2. They shall be discharged in a manner consistent with: <ul style="list-style-type: none"> <li>• the IJB’s Strategic Plan approved on 27 March 2019</li> <li>• the Integration Delivery Principles; and</li> <li>• the National Health &amp; Wellbeing Outcomes.</li> </ul> </li> <li>3. They shall continue to be discharged, and relevant services shall continue to be delivered, by the Constituent Authority as they were immediately prior to 1 April 2016, subject to any subsequent decision by the IJB which has otherwise directed how that function should be discharged by the Constituent Authority (strategic decisions as to the discharge of any of the functions within these Directions require to be referred to the IJB for a decision prior to implementation); and</li> <li>4. Any future Direction by the IJB to the Constituent Authority.</li> </ol>				
<b>19/20 – [SC] – 1 (Current)</b>	<b>Per Annex 2 Part 1 of Integration Scheme</b>	Budget Prescribed	Continuation of Delegated Functions & Services per Annex 2 Part 1 and 2 of Integration Scheme	Payment £35.201m



**Minute of the Clackmannanshire & Stirling Joint Staff Forum held on Thursday  
4 October 2018 Wallace Room, OVF, Stirling**

**Present:**

Pam Robertson, UNISON, Clackmannanshire Council (Chair) (PR)  
Elaine Bell, Operational HR Service Manager, NHS Forth Valley  
Sue Fair, Business Support Officer, Clackmannanshire Council (Minutes)  
Leona Gilhooley, Healthcare Manager, NHS Forth Valley  
Kristine Johnson, HR, Stirling Council (KJ)  
Selena Malcolm, Social Care Practitioner, Clackmannanshire Council (SM)  
David Niven, Programme Manager, Stirling Council  
Kathy O'Neill, NHS Forth Valley (KO'N)  
Steve Richardson, Team Manager, Stirling Council  
Jim Robb, Service Manager, Clackmannanshire & Stirling HSCP (JR)  
Abigail Robertson, UNISON, Stirling Council (AR)  
Janice Young, Interim Service Manager, Clackmannanshire & Stirling HSCP (JY)

**1. Welcome and Introductions**

Pam Robertson chaired the meeting and welcomed all members. It was noted that Steve Richardson was representing Caroline Cherry, and that Kathy O'Neill would require to leave at 15:45.

**2. Apologies for Absence:**

Apologies for absence were intimated on behalf of:

Chris Alliston, HR, Clackmannanshire Council  
Caroline Cherry, Service Manager, Stirling Council  
Robert Clark, Unison, NHS Forth Valley  
Christina Lambie, GMB Union, Clackmannanshire  
Karren Morrison, Branch Secretary, UNISON, Forth Valley Branch  
David O'Connor, UNISON  
Naeema Pervaze, Team Manager, Clackmannanshire & Stirling HSCP  
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling HSCP  
Lorraine Thomson, UNISON, Stirling Council  
Brian Wilson, GMBU

**3. Note of the Previous Meeting on 3 September 2018**

Approved.

**4. Matters Arising**

**Item 8: Health & Safety (H&S) Framework**



AR advised that whilst the TUs had now had sight of the document, they required time to undertake a review and have the opportunity to discuss the content with those who had written the report.

JY indicated that an update on H&S for Bellfield would be addressed later in the agenda.

Regarding Learning Disability accommodation, JR advised that Jon Gray and Caroline Gill would update at the next meeting.

#### **Item 8: Service Issues**

JY requested a review of what was required. AR advised that it related to LD care management at Stirling, and was not specifically for JY to action. KJ added that pool laptops could be picked up from IT. JR enquired regarding the status with Locality Teams. SR advised that only the Adult Care team had new phones. JR added that Justin McNichol/Jon Gray would be addressing. Regarding smart phones for Reablement staff at Clackmannanshire, JY had identified funding and was in discussions with IT.

#### **5. Joint Staff Forum: Feedback from Proposals by Chris Alliston & HR Representatives**

In CAs absence, KJ advised that future meeting structures and remit required to be addressed. PR advised that having no bi-partite meetings was not acceptable, and would be meeting with CA on 05/10/2018 in this regard. PR felt what whilst the JSF was a strategic forum, there remained a need for local meetings on local business. In addition, all shop stewards were entitled to attend bi-partite meetings, where they could not attend the JSF. Following discussion, members agreed that a way forward required to be found to reduce the likelihood of meeting duplication. JR also requested clarification on where issues were being signed off i.e. in which forum. AR commented that currently items were going to bi-partite meetings and then on to JSF for sign-off. Bi-partite meetings were extremely valuable in understanding staff situations on the front line. KO added that it would be helpful to clarify the functions of meetings with staff side involvement. KJ confirmed that these meetings would cover items such as absence, wellbeing etc, which would not be standard business for JSF. PR added that representative roles were to feed back to area partnership forums. KJ advised that once the locality managers were appointed, then such issues could be identified and addressed going forward. EB would also follow this discussion up with RB and feed back to the group.

Whilst RC had been unable to attend, he had commented that he welcomed the local approach to negotiations however was concerned that NHS staff side may struggle to populate the locality meetings to due work pressures etc. In the Clackmannanshire and Stirling HSCP, there will be 3 more meetings. If this was replicated in the Falkirk HSCP, then NHS would have 6 new meetings. RC would inform NHS staff side colleagues on the proposal and feed back to the group.

Whilst LT was unable to attend, she had commented that in regards to the locality approach, they had pointed out/made clear on a continual basis that this would increase the number of meetings that they required to attend therefore decreasing their overall capacity.

## **6. Service Updates**

### **6.1 Stirling Health & Care Village**

DN acknowledged a significant amount of background work had been undertaken. Following discussion with staff, the consensus was that 'day' staff remain working day shifts, and 'night' staff continue with night shifts. There was also an element of flexibility available around shifts if required. Staff had been surveyed again, and this had confirmed this was the best way forward. AR advised that they were currently mapping out staff requests regarding hours and other requirements. DN advised that he was meeting with Hazel Chalk today, and outcomes would be shared with NHS staff later today. AR reported that staff were making their own arrangements for shift cover where the need arose. Formalised agreements were being developed.

JY had been in discussion with Norman McLeod regarding the draft Health & Safety policy for Bellefield. Due to the tight turnaround for the Care Inspectorate, the policy would be circulated to members for comment, and it was hoped that it could be signed off by the group at the next meeting in November. AR requested that in future the unions be consulted from the start - this would reduce the amount of time too-ing and fro-ing on matters. AR also requested that the unions be involved in the review process. JY noted these requests.

AR had carried out a site visit to Bellefield on 01/10/2018, and had requested clarification on which smoking policy would be implemented. JY advised that the NHS policy would be introduced and enforced. This would be rolled out to staff and residents. KO requested that support be available to residents/staff looking to stop smoking.

### **6.2 Models of Care**

#### **6.2.1 Neighbourhood Care Team**

CC had circulated a report which JY summarised. Progress continued to be made with weekly meetings involving staff. Ian Denvir, Resource Worker, was now in post. The Team Coach job description had been internally advertised with a closing date of 04/10/2018. CC would pick up on this next week. The team were happy with the likely move to Buchlyvie, and would be working from the community hubs rather than one static base. It is hoped this will be achieved before the year end. A communication workshop with members of the community reference group will be held to develop a clear NCT identity.

RC had provided comment that under the heading 'STAFF' it should read Staff side Organisation/Trade Union and not Unison as staff may be a member of an organisation other than Unison.

#### **6.2.2 Dementia Outreach Team**

The Social Worker post was advertised across both local authorities. Applications have been received and interviews are planned. Funding for

the post will be backfilled to the organisation which the successful candidate comes from.

### 6.2.3 Occupational Therapists

Due to sickness by OT Leads, further progress has been delayed. AR advised that OTs don't feel this role is fully understood. CCH had responded and wanted to meet with the two OT managers first, however AR would also like to see frontline OT staff at this meeting. JY would discuss with CC next week.

## 6.3 Mental Health

JR commented that integrated teams had been established at Stirling (NHS hosted) and Clackmannanshire (Social Work hosted). Clackmannanshire were looking to go to advert soon. Regarding the Stirling post, whilst the job specification was still to be agreed, it would not be possible to advertise this post meantime as the current postholder was on sick leave.

AR had received an email from an MHO concerned that there had not been enough staff consultation from management regarding them being managed by a non-MHO staff member. JR responded that matrix management was still in place. He was unable to go into further detail until Team Leaders were in place. AR added that staff were extremely anxious, and it would be of benefit for management to meet with staff to allay any concerns. JR would be meeting with Stirling staff next week, and Clackmannanshire staff later in October. AR commented that LD staff had the same concerns regarding the management model.

KO made reference to a report from 15 years ago which teased out the same issues and addressed what the professional responsibilities were for the manager and operational managers. JR reiterated that further discussion could not be held until the managers were in post and had an opportunity to discuss the day-to-day issues of concern with staff – LD and nursing staff too. PR suggested there was merit in reviewing the document KO referred to.

## 6.4 Learning Disability

Regarding the integrated operational teams, JR reported that they were looking to advertise the NHS posts this week. Stirling posts would be advertised the week after. It was hoped that staff would be in post by December.

A meeting had been held in Clackmannanshire regarding the new contracts for Day Services. JR had been due to meet with Stirling staff today, however this had been cancelled as the GMB had not been invited. The meeting would be rescheduled. Existing staff could stay in their current contracts or choose to move to the new contracts. New contracts would now apply to all new staff. Discussions continued regarding evening/weekend work, but it was hoped that new staff would help to address this issue.

## 6.5 Budget

JR advised that the IJB Finance Committee had presented to the board recently regarding sustainability/efficiencies etc. This presentation had been made to

the Clackmannanshire and Stirling round table framework. The financial position continued to be difficult.

## **6.6 Discharge Co-ordinator**

SR reported that Stirling have a member of staff working with the Discharge Team at FVRH which has proved very successful. It was hoped that this could be replicated for Clackmannanshire with the employee undertaking 3 days for Stirling and 2 days for Clackmannanshire. The job description was with HR at Stirling and Clackmannanshire for sizing. AR hoped this would remain at Stirling Council post. It was agreed that this post should go ahead.

## **7. Operational Management – Update**

### **7.1 Locality Manager Job Description**

Whilst this had been circulated on 03/10/2018, AR had not had a chance to review the proposal. KJ advised that existing post-holders were being considered for matching in, however Clackmannanshire would go to the market. JY added that the salary would require to be reviewed due to NHS bandings and a recent increase in salary. AR enquired regarding the structure beneath the post. KJ advised that this would be addressed once the post had been filled. It would not involve a major restructure. There was a need to get staff to work closer together, and on a locality by locality basis. KO added that the Locality Managers would require to bring stakeholders together to discuss ongoing needs and the way forward. KJ commented that this was a good opportunity for staff to become involved, and it was hoped to retain the staff/skillsets for the future.

### **7.2 Stirling Council: Integration Update (Marie Valente paper to IJB)**

SR referred to the paper the major developments in relation to the care village. The Chief Officer in Social Work was working with Clackmannanshire regarding the new IT system, and a review of policy and procedures would be undertaken to bring these up to required standards.

### **7.3 NHS Forth Valley**

KO spoke to the paper, advising that agreement had been reached regarding the services moving to each Partnership i.e. district nurses/LD/Older people's mental health would sit within ReACH. Some other areas may be hosted, but these are yet to be agreed with the Board/Partnership. They were currently looking at operational management resources moving to the partnership, and this would require a significant amount of professional leadership in support. Discussion was ongoing within the services of KO and Ian Aitken. KO added that her directorate would no longer exist once this was in place. Services not within Scope would be managed by Women and Children's Directorate.

## **8. Any Other Business**

### **8.1 Bellfield Manager's Post**

AR referred to the email from Lorraine Thomson. KJ advised that the Integrated Manager post was a new Partnership post, which staff had been consulted on.

The post had been advertised and it was hoped that an NHS colleague would be released from their duties to take up post. This was not a matching in post due to it's scope. JY added that the post had been agreed by the JSF. KO explained that this had originally been two posts, then 3 posts with one being promoted. These posts were still ring fenced for Stirling employees. JY advised that discussions were ongoing regarding these two posts.

## 8.2 Retirement of Chief Officer

KJ emphasised the need to get the paperwork for this post underway as soon as possible, although this post would require to be filled in the interim. A report would require to be submitted to the IJB in November. KJ would progress and report back.

## 8.3 Vote of Thanks to David Niven

On behalf of the Forum, PR gave a vote of thanks to DN for his hard work in relation to the Care Village and keeping members updated on progress.

## **9. Date of Next Meeting**

Monday 5 November 2018, Kilncraigs:

- Management Side: Pre-Meeting from 2:00pm, in Room 2:01
- Trade Union Colleagues: Room 0:01 available from 12noon.



**Minute of the Strategic Planning Group meeting held on  
Thursday 8 November 2018 at 10.00am  
Boardroom, Forth Valley College, Alloa**

**Present:** Shiona Strachan, Chief Officer (Chair) Clackmannanshire & Stirling Partnership (HSCP)  
Jennifer Baird, Category Manager, Services for People, Stirling Council  
Sarah Burgess, Alzheimers Scotland  
Caroline Cherry, Service Manager, Adult Assessment, Stirling Council  
Robert Clark, Employee Director, Unison  
Carolynn Hunter, Unpaid Carer Representative, Clackmannanshire  
May Kirkwood, Unpaid Carer Representative, Stirling  
Elaine Lawlor, FV ADP Co-ordinator  
Bette Locke, AHP Strategic Lead, NHS Forth Valley  
Marjory Mackay, Strathcarron Hospice  
Linda Matheson, Service User Representative, Clackmannanshire  
Sheila McGhee, Third Sector Representative, Clackmannanshire  
Agnes McMillan, Central Carers  
Stephanie McNairney, Integrated Care Funds Manager, Partnership  
Linda Melville, Service Manager, HSCP  
Ewan Murray, Chief Finance Officer, HSCP  
Kathy O'Neill, General Manager, NHS Forth Valley  
Naeema Pervaze, Service Manager, HSCP  
Martin Reilly, Adult Social Care, Stirling Council  
Jim Robb, Service Manager, HSCP  
Robert Stevenson, Planning Officer, NHS Forth Valley  
Marie Valente, CSWO, Stirling Council  
Eileen Wallace, Service User Representative, Stirling  
Phil Watt, Commissioning Officer, Stirling Council  
Dr Scott Williams, NHS Forth Valley  
Janice Young, Interim Programme Manager, HSCP

**In Attendance:**

Margaret Robbie, PA to Chief Officer, *Minute Taker*)

**1. WELCOME AND APOLOGIES FOR ABSENCE**

Apologies for absence were intimated on behalf of:

Ian Aitken, General Manager, Surgical Directorate, NHS Forth Valley  
Leona Gilhooley, Service Manager, NHS Forth Valley  
Celia Gray, CSWO, Clackmannanshire Council  
Lesley Middlemiss, Service Manager, NHS Forth Valley  
Isabel McKnight, Strategic Commissioning, Stirling Council (sub J Baird)  
Joanne O'Suilleabhain, Principal Public Health Officer, NHS Forth Valley  
Dr Simon Randfield, NHS Forth Valley  
Abigail Robertson, Unison, Stirling Council  
Pam Robertson, Chair, Forth Valley Joint Trade Union Forum  
Helena Scott, Executive Director, Action in Mind  
Lesley Thomson, Service Manager, NHS Forth Valley

## 2. BUSINESS OF MEETING

### a) Minute of previous meeting: 30 August 2018

The minute of the meeting was approved as a true and accurate record. Subject to the following changes.

Carol Hamilton was not present  
Dr Scott Williams was present

There was an error in the new members advised for the Third Sector Representatives. This should read as follows.

#### **Third Sector Representatives**

Clackmannanshire – Sheila McGhee  
Stirling – Helena Scott

### b) Matters arising:

There were none

### c) Carers Strategy & Short Break Statement

Caroline Cherry & May Kirkwood gave a short update on the current work being undertaken and provided a presentation.

### d) Budget:

Ewan Murray gave a short presentation on the current position with the budget. We currently have a projected overspend of £2.8m, which is unsustainable. Scottish Government budget will be on 12 December. A number of budget workshops are being planned over the next few months.

### e) Any Other Business

#### **Chief Officer Retiral**

Shiona advised that she will be retiring on 31 December 2018, but will be on annual leave from 14 December. An Interim Chief Officer will be in place.

#### **Joint Inspection:**

The report will be in the public domain on 13 November 2018. It is a mixed picture; positive on performance and also a number of areas for development. Please take the time to read it

## 4. DATES OF NEXT MEETINGS

Date	Time	Venue
Thursday 28 February	10:00 – 12:00	Forth Valley College, Stirling Campus
Thursday 9 May	10.00 – 1200	Forth Valley College, Alloa Campus
Thursday 29 August	10.00 – 12.00	Forth Valley College, Stirling Campus
Thursday 7 <sup>th</sup> November	10:00 – 12:00	Forth Valley College, Alloa Campus



Minute of the Clackmannanshire & Stirling IJB Audit Committee  
Wednesday 12 September 2018, 2:30pm  
Boardroom, Carseview, Stirling

**Present:**

Councillor Dave Clark, Clackmannanshire Council (Chair)  
Paul Craig, Audit Scotland  
Alex Linkston, Chairman, NHS Forth Valley  
Councillor Susan McGill, Elected Representative, Stirling representative  
standing in for Councillor, Graham Houston  
Morag Mason, Service User Representative for Stirling  
Natalie Masterson, Third Sector Representative, Stirling  
Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP  
Kevin O'Kane, Audit Manager, Corporate Operations, Stirling  
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling HSCP  
Andrew Wallace, Audit Scotland  
Karen Campbell, HSCP Administrator (minute taker)

**1. APOLOGIES**

Apologies for absence were intimated on behalf of:

Councillor Graham Houston, Elected Representative, Stirling  
Fiona Gavine, Non-Executive Board Member, NHS Forth Valley

**2. MINUTE OF IJB AUDIT COMMITTEE MEETING OF 24 AUGUST 2018**

The minute of the previous meeting was accepted as a true and accurate record.  
They were proposed by Alex Linkston and seconded by Morag Mason.

**3. MATTERS ARISING**

None.

**4. 2017/18 INTEGRATION JOINT BOARD ANNUAL ACCOUNTS**

This paper was presented by Ewan Murray.

He explained that these were the audited final accounts after a number of revisions were made from the unaudited accounts. The consideration of the unaudited accounts were delayed due to the fact that the IJB Audit Committee scheduled for June had to be postponed as it was not quorate.



Alex Linkston commented that he felt that it was a good set of accounts and reflected the position of the Board.

The Audit Committee discussed the accountabilities in terms of budgetary control.

It was acknowledged that the Integration Joint Board is responsible for issuing directions but that there is a mutual responsibility with the health board and the local authorities. It is hoped that progress on delegation will help matters moving forward. It was noted that the financial situation is challenging country wide.

The IJB Audit Committee:

- Considered the 2017/18 Integration Joint Board Annual Accounts.
- Noted the updated management commentary and annual governance statement contained within the accounts.
- Noted the Independent Auditors report contained within the accounts.
- Recommended that the Integration Joint Board approve the Annual Accounts at the 26 September 2018 meeting and that the Chair, Chief Officer and Chief Finance Officer sign the accounts thereafter.

## **5. 2017/18 ANNUAL AUDIT – INDEPENDENT AUDITORS REPORT**

This paper was presented by Paul Craig.

## **6. PROPOSED 2017/18 ANNUAL AUDIT REPORT**

This paper was presented by Paul Craig.

He stated that the Clackmannanshire and Stirling Integration Joint Board Proposed 2017/18 Annual Audit Report will remain 'proposed' until the report is signed off at the Integration Joint Board meeting on 26 September 2018. Paul Craig confirmed that as part of the completion for the audit, Audit Scotland would seek written representations from the Chief Finance Officer on aspects of the annual accounts, including the judgements and estimates made, on the day of signing.

Paul Craig spoke further about the key findings regarding:-

- 2017/18 annual report and accounts
- Financial management and sustainability
- Governance, transparency and value for money

It was noted that more can be done for medium/longer term planning.

Andrew Wallace spoke about appendix 1 – action plan 2017/18. He recommended that the Integration Joint Board put processes in place regarding set aside arrangements for acute hospital services. He acknowledged it is difficult to produce a medium to long term plan. Ewan Murray stated work was ongoing to construct a plan

for the medium term as part of the process alongside developing the Strategic Commissioning Plan for 2019-22 and linked to the imminent publication of the Scottish Government's Medium Term Framework for Health and Social Care. He will also update the Budget Tracker to note if the savings are recurring or not.

Additionally the placing of the advertisement for the public inspection of the accounts will be brought forward in the Annual Accounts planning for future years to ensure compliance with regulations.

Ewan Murray confirmed that a Strategic Needs Assessment paper will go to the Integration Board Meeting on 26 September 2018.

## **7. INTERNAL AUDIT REVIEW, SELF DIRECTED SUPPORT (STIRLING) – RECOMMENDATIONS AND ACTION PLAN**

This paper was presented by Shiona Strachan.

She explained that this internal audit review was commissioned as part of Stirling Council's Internal Audit programme.

Kevin O'Kane stated that he was happy that an improvement plan is in place this early and this reflects the seriousness of some of the recommendations.

A discussion took place surrounding the Self-directed Support Board and who sits on it. Natalie Masterson stated that the third sector interfaces are happy to help regarding Self-Directed support assessments.

Again it was acknowledged the incompatibility of the separate and legacy IT systems. The committee expressed a desire that one social care IT system can be used by the local authorities moving forward.

The IJB Audit Committee:

- Noted the recommendations from the Internal Audit Review (Appendix 1).
- Noted the current action plan in response to the recommendation.

## **8. AOCB**

Councillor Clarke thanked Cllr McGill for attending at short notice to allow the meeting to proceed.

## **9. DATE OF NEXT MEETING**

Ewan Murray advised the new administrator will be in touch shortly to agree the schedule of future meetings.





## **Clackmannanshire and Stirling Health and Social Care Partnership**

### **Clinical and Care Governance Meeting**

**Tuesday, 30<sup>TH</sup> October 2018, Room 17, Old Viewforth, Stirling, 1.00pm – 3.00pm**

#### **NOTE OF MEETING**

##### **Attendees:**

Andrew Murray, Medical Director, NHS Forth Valley  
Angela Wallace, Executive Director of Nursing, Midwifery and Allied Health Professions, NHS Forth Valley  
Bette Locke, Associate Director of AHPs, NHS Forth Valley  
Graeme Hendry, Adult Support and Protection Coordinator, Clackmannanshire and Stirling Health and Social Care Partnership  
Jennifer Maclean, Social Care and Complaints Officer, Stirling Council  
Jim Robb, Service Manager, Learning Disability and Health, Clackmannanshire and Stirling Health and Social Care Partnership  
Kathy O'Neil, General Manager, Community Services Directorate, NHS Forth Valley  
Lorraine Robertson, Clinical Nurse Manager NHS Forth Valley  
Marie Valente (Chair), Chief Social Work Officer, Stirling Council  
Shiona Strachan, Chief Officer, Clackmannanshire and Stirling Health and Social Care Partnership

##### **Apologies:**

Caroline Cherry, Service Manager, Adult Assessment and Partnerships/  
Augmented Care, Stirling Council  
Celia Gray, Chief Social Work Officer, Clackmannanshire Council

##### **In Attendance:**

Jake Dunk (note taker), Business Support Officer, Stirling Council

**Action 1.1 (JD):** Dr Scott Williams, Clinical Lead, Stirling CHP to be invited to the next Clinical and Care Governance meeting scheduled 11/12/18

## **1. Welcome and Apologies**

1.1 Round table introductions were made.

## **2. Draft Note of Meeting held on 28 February 2018**

### **a. Accuracy**

Minute approved.

### **b. Update on Actions**

Graeme Hendry will recirculate the Adult Protection Committee and Sub Groups membership.

## **3. Approval of draft Terms of Reference (attached**

3.1 Shiona Strachan informed members that Clinical and Care Governance Group will provide a report to the IJB.

3.2 Shiona advised the board that locality managers should attend the Clinical and Care Governance meetings once in position and that a core membership is established. It was agreed to review Clinical and Care Governance membership at the 5<sup>th</sup> March 2019 meeting.

## **4. Adult Support and Protection National Report / Key Messages**

4.1 Graeme Hendry spoke to the Care Inspectorate Thematic Inspection report. Graeme informed members that case conference processes is an area for improvement and staff had completed case conference chairs training. Graeme highlighted key findings of the report which included chronologies, risk assessments and risk management plans being crucial to keep adults at risk of harm safe.

4.2 Graeme informed members of the recommendations made from the inspection including, how leadership is key to generate quality to deliver effective processes. Other recommendations made included the need to take a preventative approach, to have a financial harm quality program in place (developing area) and how multi agency activity audit results inform improvement plans. Graeme also advised members that the self-evaluation framework informs the direction of improvement as long as the feedback is reliant and informs comment.

4.3 Shiona Strachan told members that there has been improvement in terms of understanding and profiling the report. It was suggested that the report focuses too much on financial harm and committees.

4.4 Shiona Strachan highlighted the need for improvement relating to multi agency representation at meetings whereby health colleagues need to be present. Shiona advised members to review strategic groups and standing groups in terms of who should be attending and highlighted the importance of getting the correct personnel to attend. It was raised that more statistics need to be reported from homecare and community nursing services. Angela Wallace noted this as an improvement to work on.

4.5 Jim Robb informed members that the Alcohol and Drugs Partnership is a small centralised group across Stirling and Clackmannanshire which serves committee.

4.6 Angela Wallace advised members that a key learning improvement from the report was self-evaluation.

**Action 1.2 (GH):** Graeme Henry to report back to Clinical and Care Governance Group on Adult Support and Protection National Report areas of improvement.

**Action 1.3 (JR):** Jim Robb will share improvement plans with Clinical and Care Governance Group.

## **5. Practice Reviews**

### **(Update from Marie Valente / Jennifer Maclean - Mr F Case)**

5.1 Jennifer Maclean updated members on the Mr F case and highlighted that a lot of services and senior management were involved.

5.2 Jennifer informed members that a plan is now in place from the recommendations made in the case review. Jennifer informed members that the recommendations will be reviewed every 6 months and staff training relating to service users with mental health issues will be offered to all staff across Stirling Council.

5.3 Angela Wallace asked members to think about where Social Care can be effective in helping with cases like Mr F. Marie Valente advised members that there are a number of ongoing significant case reviews which are taking up a huge amount of resource.

5.4 Shiona Strachan recommended that serious complaints are highlighted to the Clinical and Care Governance Group and an update is provided on the status of the complaint in terms of what is being done.

**Action 1.4 (JMac):** Jennifer MacLean will bring social care complaints summary to the Clinical and Care Governance meetings and circulate case review log.

**Action 1.5 (JMac):** Angela Wallace will share NHS complaints reports with Clinical and Care Governance Group.

## **6. Adult Services Inspection – Shiona Strachan (Verbal)**

6.1 Shiona Strachan advised members that the strategic inspection report was released to Health & Social Care Partnership and a draft copy was given to press officers. Shiona reported that performance is good, strategic planning is adequate, locality planning and the Care Village were reasonable. Shiona informed members that an improvement plan was being developed.

## **7. Professional Assurance Framework in the NHS (Angela Wallace)**

7.1 Angela Wallace spoke to the Professional Assurance Framework for our Integrated Health and Social Care System in Forth Valley. Angela informed

members that the framework NHS Forth Valley use provides professional support for nursing and is focusing on integrating governance, planning and resourcing of adult social care services. Angela highlighted that the document will be sent out for comment.

**Action 1.6 (MV&CG):** Marie Valente informed members that she will meet with Celia Grey as it will help to have an organisational framework safety document for Stirling and Clackmannanshire Council.

**Action 1.7 (AW):** Angela Wallace will bring a draft copy of Professional Assurance Framework to the next Clinical Care & Governance Meeting.

## **8. AOCB**

8.1 Shiona Strachan asked that a minute is provided from the previous Clinical and Care Governance Group meeting for the next IJB meeting. Shiona suggested bringing a central report which provides assurance regarding transition.

8.2 It was confirmed that the Clinical and Care Governance Group intend to meet quarterly and a report template should be developed for future meetings.

8.3 Andrew Murray asked members to think about what else they should reflect on at Clinical and Care Governance Group meetings and report to IJB.

8.4 Andrew Murray and Marie Valente agreed to co-chair Clinical Governance and Clinical Care meetings.

**Action 1.8 (JD):** Carewatch, a large scale enquiry report to be added to next meeting agenda.

**Action 1.9 (SS & AM):** Shiona Strachan and Andrew Murray will report back to group on Clinical Care and Governance workshops that they will be attending.

### **Date of next meetings:**

**11<sup>th</sup> December 2018 14:30-16:30pm OVF Bruce Room**

**5<sup>th</sup> March 2019 10:00-12:00pm OVF Bruce Room**

<b>Reference</b>	<b>Action</b>	<b>Owner</b>
1.1	Dr Scott Williams, Clinical Lead, Stirling CHP to be invited to the next Clinical and Care Governance meeting scheduled 11/12/18	Jake Dunk
1.2	Graeme Henry to report back to Clinical and Care Governance Group on Adult Support and Protection National Report areas of improvement.	Graeme Henry
1.3	Jim Robb will share improvement plans with Clinical and Care Governance Group.	Jim Robb
1.4	Jennifer MacLean will bring social care complaints summary to the Clinical and Care Governance meetings and circulate case review log.	Jennifer MacLean
1.5	Angela Wallace will share NHS complaints reports with Clinical and Care Governance Group.	Angela Wallace
1.6	Carewatch, a large scale enquiry report to be added to next meeting agenda, Graeme Henry to present.	Graeme Henry
1.7	Shiona Strachan and Andrew Murray will report back to group on Clinical Care and Governance workshops that they will attend.	Andrew Murray





## **Clackmannanshire & Stirling Integration Joint Board**

27 March 2019

This report relates to  
Item 11.2 on the agenda

# **Clackmannanshire & Stirling Adult Protection Committee Biennial Report 2016 - 2018**

*For Noting*

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author</b>	Graham Hendry, Adult Protection Co-ordinator, Clackmannanshire Council
<b>Date:</b>	27 March 2019
<b>List of Background Papers/List of Appendices</b>	
<b>Appendix 1:</b> Clackmannanshire & Stirling Adult Protection Committee Biennial Report, 2016-2018	



**CLACKMANNANSHIRE and STIRLING  
ADULT PROTECTION COMMITTEE  
BIENNIAL REPORT  
2016 – 2018**



## Adult Support and Protection Act (Scotland) 2007



The Act provides ways to offer support and protection to adults who may be at risk of harm or neglect.

### Who does the Act say is an adult at risk of harm?

Adults at risk might include people aged 16 or over who:

- find it difficult to keep themselves or their property safe;
- might be harmed by other people;
- might be more vulnerable because of a disability, illness or mental condition.

For help and further information please contact the Duty Worker:

If you live in:

***Stirling*** call 01786 233759

***Clackmannanshire*** call  
01259 727010

***Out of hours:*** 01786 470500

You can also speak to a health professional or contact any Police office.

***They will take your concerns seriously.***

### What is meant by harm?

Harmful behaviour can take many forms:

**Physical**

**Financial**

**Neglect**

**Self Harm**

**Self Neglect**

**Sexual**

**Exploitation**

**Discrimination**

### What can I do?

If you are worried that you, or someone else you know is being harmed, it is important to tell someone.

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## **A word from the Independent Chair**

As Independent Chair, I am very pleased to present this report on behalf of Clackmannanshire and Stirling Adult Protection Committee, reflecting the work of the Committee through 2016-2018. In accordance with Section 46 of the Adult Support and Protection (Scotland) Act 2007 this Report will be submitted to the Scottish Government.

This is the second Report from the Committee, which was established in December 2015 and which produced an interim Annual Report for 2016. Considerable progress continues to be made since that interim Annual Report.

Committee activity has taken place through ongoing change, with new organisational structures introduced in the lead agencies, Clackmannanshire and Stirling Councils, and the transfer of adult services to the Health and Social Care Partnership. New agency representatives have been welcomed to the Committee and our thanks have been extended for their contributions to members who have moved on. In May 2017 the appointment of a new ASP Coordinator was welcomed. The Committee continues to promote collaborative working across the Council areas and Forth Valley and is supported in this by the Public Protection Forum, renamed the Chief Officer Group in 2018.

The Committee's Strategic Plan for 2016-2018 delivered on the 5 strategic priorities and a new plan for 2018-2020 has been drafted. This will aim to improve the response to adult protection concerns, including new areas of concern, and the outcomes for service users. Ongoing self-evaluation and audit activity will be critical to this. A new Learning and Development Plan will be developed to give staff across agencies the knowledge and skills they need. Promotion of public awareness and informing harder to reach groups is an ongoing priority. We shall, of course, respond to new national and local demands. Maintaining a strong multi-agency focus is essential to success in protecting people from harm and I know that partner agencies and Committee members support this.

I would like to thank members of the Committee and its Sub-groups, our administrators and the Chief Officers for their commitment and support to improving the outcomes for adults at risk of harm. I look forward to continuing our efforts together on behalf of our most vulnerable citizens.

Liz Taylor  
Independent Chair

# **1 The Adult Protection Committee**

The Clackmannanshire and Stirling Adult Protection Committee was established in December 2015. The Committee evolved from the former Forth Valley Adult Protection Committee which had also included Falkirk.

## **1.1 Membership of the Committee**

The following agencies are represented on the Committee, with individual members nominated by the Chief Officer of their agency. A key criterion for membership is that the representative should be in a position to speak and make appropriate decisions on behalf of the agency in relation to Committee business.

Clackmannanshire Council - Social Services, Housing  
Stirling Council - Social Services, Housing  
Clackmannanshire and Stirling Councils - Trading Standards (joint service)  
Health and Social Care Partnership  
NHS Forth Valley  
Police Scotland  
Scottish Fire and Rescue Service  
Scottish Ambulance Service  
Third Sector - Forth Valley Independent Advocacy  
Care Inspectorate

The Chief Social Work Officers for the Councils and the Chief Officer for the Health and Social Care Partnership are members of the Committee.

The membership of FV Advocacy ensures that user and carer perspectives are considered. Though they have not been able to nominate a committee member, the Committee link with General Practitioners has been strengthened through the Health & Social Care Partnership. The Crown Office Procurators Fiscal Service and the Mental Welfare Commission do not take a place on the Committee but would attend on request for relevant business.

Across the agencies there have been many changes of representatives to the Committee from 2016 to the present.

## **1.2 Terms of Reference**

The Committee operates in accordance with *The Adult Support and Protection (Scotland) Act 2007 Part 1: Guidance for Adult Protection Committees*. Its Terms of Reference, reviewed in 2017, reflect this.

The committee schedules six meetings per year with one a Development Day. Attendance is generally good, with agencies identifying replacement members for staff changes and substitutes when members are not available.

To support the work of the Committee we have developed a strategic infrastructure to drive and deliver outcomes in implementation of the Strategic Plan and to identify

and respond to emerging issues. Planned and coordinated delivery of multi agency activities is through

- Forth Valley Financial Harm Group (collaboratively with Falkirk Adult Protection Committee)
- Local Operational Group
- Learning and Development Group (joint with Child Protection Committee)
- Practitioners Forum

Through the Chair, Committee and Sub-group members, and the AP Coordinator, links are in place with the Child Protection Committee, MAPPA (Forth Valley), the Community Justice Partnership, the Alcohol and Drug Partnership (ADP), the Gender Based Violence Partnerships, and the Community Planning Partnership in Stirling and Alliance in Clackmannanshire. The Committee is supportive of the work of the Public Protection Lead Officers Group on matters of common interest.

### **1.3 Governance**

The Clackmannanshire and Stirling Community Planning Partnerships established a Public Protection Forum in 2015 to provide leadership and oversight of the governance arrangements for public protection. This is now the Chief Officer Group (COG) that meets four times a year. The Independent Chair reports to the COG on Committee activity. The COG also receives Significant Case Review (SCR), inspection and planned audit reports.

### **1.4 Strategic Plan**

The APC Strategic Plan for 2016-2018 set out priority outcomes under five strategic pillars:

- Continuous Improvement
- Improved Support for Service Users and their Families
- Improving Skills and Knowledge
- Widening the Horizon – better Integration throughout Public Protection
- Improving Public Awareness

There were forty four actions associated with these strategies. During the period of the Plan thirty eight actions were successfully completed, with the six remaining actively being progressed. We have incorporated what we learned from that period into a revised strategic plan to focus our outcomes for the 2018-2020 period. (see 5.2)

## **2 People at Risk**

The number of people referred as being at risk of harm increased across Clackmannanshire and Stirling by 44% in the period 2016-18 compared with the



previous biennial period 2014-16. This increase was 7% for Clackmannanshire and 58% for Stirling. These statistics are explored later within this report.

Understanding the source and nature of referrals under ASP procedures is essential to ensuring an appropriate response. Increases in referrals may be influenced by a number of factors, including demographic change, better awareness by agencies of legislation and associated compliance, greater public awareness of ASP and willingness to act on concerns, and increased confidence in services, all of which encourages adult concern referrals. The types of harm that are recognised vary according to location of the vulnerable persons and widen with increasing awareness of ASP.

## **2.1 Referrals**

For the period 1 April 2016 to 31 March 2017, 208 ASP referrals were received in the Clackmannanshire locality of the Health and Social Care Partnership and 511 by Stirling Council. Subsequently for the period 1 April 2017 to 31 March 2018, 94 and 711 referrals were received respectively.

In the first year of the biennial period referrals for Clackmannanshire increased from 119 to 208, up 75% on the previous year (2015/16), then reduced by 55% to 94 in the second year (2017/18), representing 2.22 per 1000 (or 0.22%) of the population aged over 16 years. This variance is attributable to a change in the way referrals were recorded in Clackmannanshire which has since been re-aligned with Stirling to produce consistency of process.

Referrals in Stirling increased throughout the 2 year period, from 394 to 711, up 30% in the first year to 511, then 39% to 711 year two. This represents 9.05 per 1000 (or 0.9%) of the population aged over 16 years.

(Population figures for adults over 16 years are based on National Records of Scotland mid-2017 figures: Clackmannanshire 41,270; Stirling 78,575.)

The increase in referrals in Stirling has been the result of increased reporting of incidents by a number of care homes. These rates have recently begun to reduce and stabilise following the implementation of a Threshold Matrix in September 2017, which has helped reduce the submission of inappropriate referrals (see 2.2, 3.2 for analysis).

National and benchmarking data for comparison of referral rates is not available.

Figure 1 illustrates the volume of ASP Referrals received for each Council area from 1 April 2009 to 31 March 2018. The trend lines (the dotted lines) show a significant upward trend in Stirling with Clackmannanshire rates more stable, though indicating a slight upward trend. As previously stated, the increased rates in Stirling are a consequence of increased care home referrals.



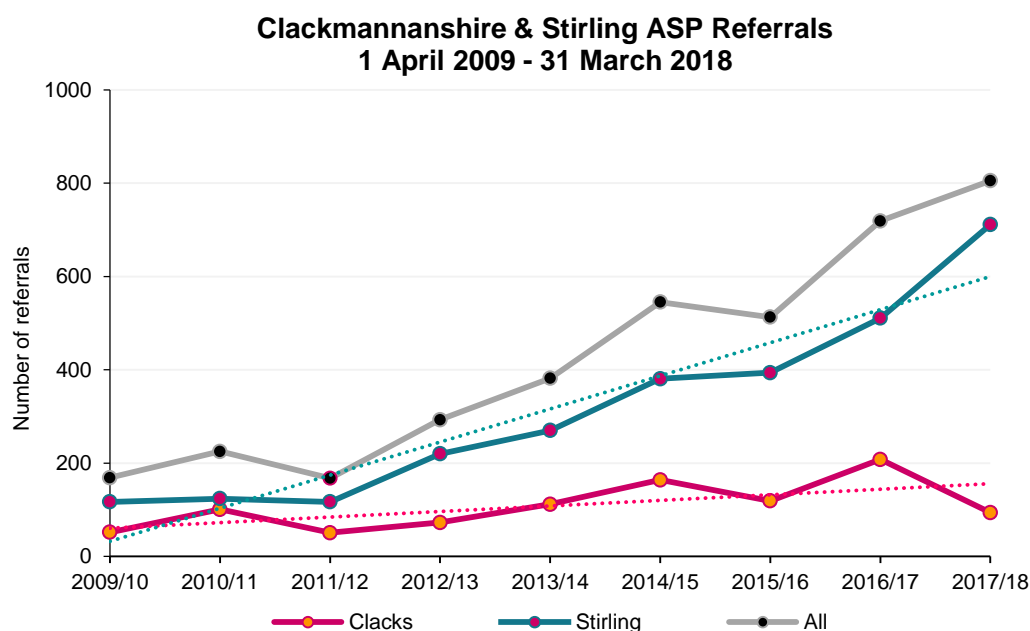


Figure 1: Number of referrals from each local authority area and combined for the period 1 April 2009 to 31 March 2018. Trend lines illustrate the strength of the upward trend in Stirling in comparison with Clackmannanshire

## 2.2 Source of Referrals

The source of referrals is monitored as a matter of daily practice and analysed on a monthly basis, looking for emerging patterns in source and type of harm to inform services. Table 1 details the source of referrals.

A substantial proportion (42%) of Clackmannanshire referrals were categorised as “Other”. This was in part a recording issue and in part because of adherence to the methodology then required for the Scottish Government return which aggregates a number of sources into “Other” and “Other Organisation” categories. Improvement in data collection practice now ensures specific, reliable information on referral sources.

Referrals received in Stirling from care homes accounted for 64% of all referrals. Care home referrals in Clackmannanshire were significantly lower at 15%. Care homes have been encouraged historically and are contractually required to refer concerns, although there is wide variation in the response from individual homes. The lack of referrals from some has been as much a concern as the high number of inappropriate referrals from others and we have taken specific actions to redress this (see 3.2, 3.3 for detail).

While there is disparity in the volume of care home referrals, those from care providers are more comparable with 7% of all referrals in Clackmannanshire and 10% in Stirling.

Health referrals accounted for 6% of all ASP referrals in Clackmannanshire and 4% in Stirling. This is consistent with previous years. An analysis of the volume of Health referrals over a 4 year period (1 April 2011 – 31 March 2015) found the rate to be stable at 5% across Clackmannanshire and Stirling. The majority of Health

referrals originate from Allied Health Professional, hospitals and NHS 24. Referrals from GPs continue to be infrequent. This provides a focus for actions to improve awareness amongst GPs.

We would expect to see a higher level of referral from the NHS than the 5% of total referrals shown, given the usage of health services by the groups most vulnerable to harm. We know that some concerns are not referred directly by NHS staff but are passed to social work staff so may not be recorded as an NHS referral. Nonetheless, this is an area of interest to the Committee and measures have been taken to raise awareness among NHS staff. The lack of referrals from the Scottish Ambulance Service (SAS) appears to be the result of the service passing concerns about patients directly to A&E. Awareness raising within the SAS and new referral arrangements put in place should result in more direct referrals and this is being monitored.

Referrals from Police Scotland were higher proportionately in Clackmannanshire than Stirling, with 8% and 4% respectively. The number of referrals recorded as ASP, 68 in total, represents those that met the “three point test” and is much lower than the several hundred Adult at Risk Police Concern Reports reported. Work is underway on a new multi-agency data set for reporting to Committee that will address anomalies in reporting referrals from 2018.

Referrals from the Scottish Fire Service are relatively low, accounting for 1% of referrals in Clackmannanshire and 2% in Stirling. Many of the referrals to Stirling relate to hoarding behaviours leading to vulnerability in terms of fire safety. (see 5.2)

Referrals from other areas within the Councils are a good indicator of our success in raising awareness and understanding of responsibilities to report concerns. These accounted for 6% of referrals in Clackmannanshire and 16% in Stirling.

**Table 1: Source of ASP Referrals 2016- 2018**

<b>SOURCE</b>	<b>Clackmannanshire</b>	<b>Stirling</b>
Advocacy	0	0
Care Home	44	781
Care Inspectorate	3	1
Care Provider (Professional)	22	117
Carer	0	1
Council (non SW)	17	194
Emergency Duty Team (SW)	0	24
Family	14	50
Friend/Neighbour	3	4
Housing	0	5
Member of the public	1	0
Mental Welfare Commission	0	0
Office of the Public Guardian	0	0
Other	127	8
NHS	18	53

Police Scotland	24	44
Scottish Ambulance Service	0	0
Scottish Fire & Rescue	4	20
Self (adult at risk of harm)	5	4
Social Work	18	69
SW other LA	0	2
Voluntary organisation	0	15
Unknown/Anonymous	2	5
<b>Totals</b>	<b>302</b>	<b>1222</b>
<b>Partnership Total</b>	<b>1524</b>	

### 2.3 The Adults who are at Risk

The following statistical information relates to ASP referrals that have progressed through the initial inquiry stage and gone on to investigation, 168 in Stirling and 31 in Clackmannanshire. These are cases that have met the 3 point criteria specified within the Adult Support and Protection (Scotland) Act 2007.

The majority, 82%, of the 168 ASP investigations in Stirling concerned adults categorised as being infirm due to age, having dementia or having a learning disability, see Figure 2. The numbers in the infirmity and dementia categories reflect the high number of referrals from care homes. In Clackmannanshire, these groups account for 54% of the 31 investigations and people with a physical disability for 39%.

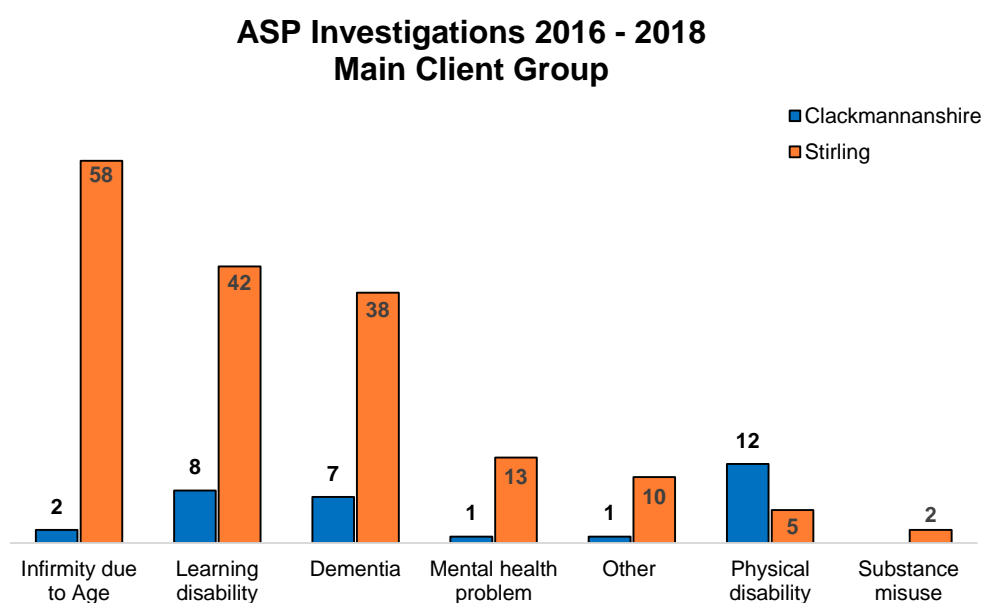
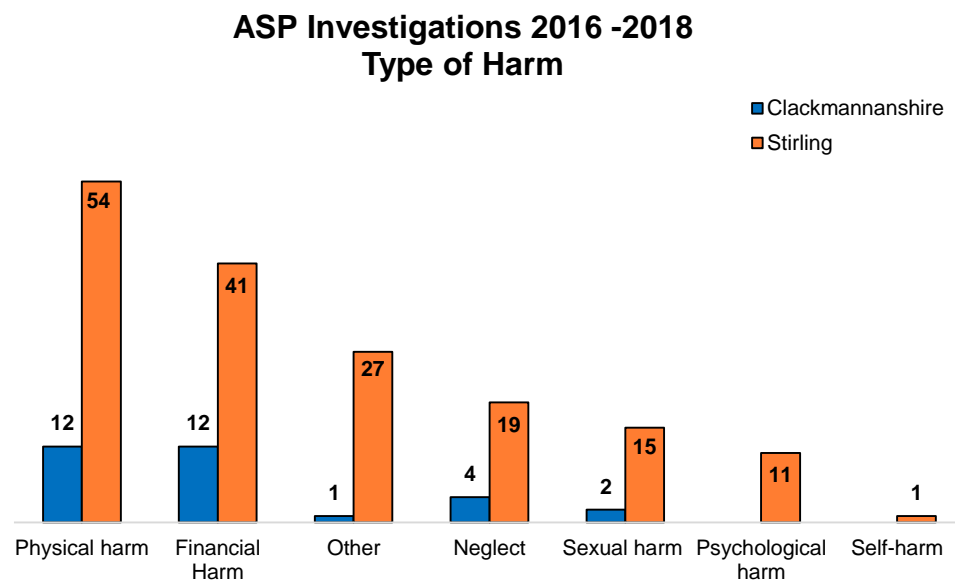


Figure 2: Number of Investigations by Client Group for the period 1 April 2016 - 31 March 2018

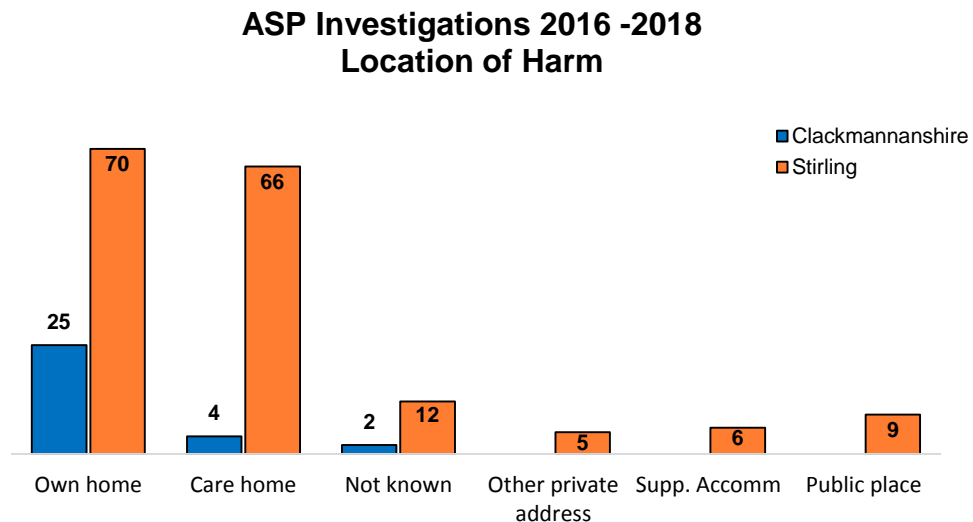
## 2.4 Types and Location of Harm

Physical and Financial harm are the two main categories of harm across both Council areas that led to investigation, as seen in Figure 3. Physical harm was the most prevalent type of harm in care homes, both for adults in the Infirmary Due to Age and Learning Disability groups. Physical harm is frequently the result of falls or altercations between residents in group living. Falls are more likely to be witnessed and reported within care homes compared with those that may occur within an adult's own home where it would likely rely on self-reporting. Financial harm accounts for the highest proportion of incidents within the community, where people who are vulnerable may be more exposed to opportunists than those living in residential care.



**Figure 3** Number of Investigations by Main Category of Harm 1 April 2016-31 March 2018

For Stirling the location of harm for the majority of investigations is split relatively evenly between own home and care home for this period. Around 80% of the 31 investigations in Clackmannanshire were for adults living in their own home.



**Figure 4** Number of Investigations by location where the harm occurred 1 April 2016-31 March 2018

### 3 Responding to Risk and Harm

#### 3.1 Continuous Improvement and Self Evaluation

The Committee is committed to developing its self-evaluation activity as a means to improving standards of practice and provision in Adult Support and Protection. We recognise the importance of involvement and ownership in improvement activity and have given a greater role to sub groups and team managers. We have developed a robust Self Assessment Framework with regular performance reporting and a range of audit activity. This Framework provides invaluable learning which we have used to focus opportunities for improvement that we incorporate and measure within our APC Strategic Plan.

**Performance Reports** of activity in ASP are received and scrutinised by the Committee at each meeting. Difficulties with data in 2016-17 have been resolved and the ASP Coordinator (Lead Officer) coordinates the collation of information and provides comment and analysis in reports, in conjunction with the operational sub-group. These reports tell us the current demands and activity in ASP and we are building information on trends over time. They have informed Part 2 of this Report. For 2018-2019 we are moving to twice yearly reporting, with exception reporting on any areas of concern.

**Audit activities** focus upon the effectiveness of our Adult Support and Protection practices and our structured programme comprises:

- Annual multi agency audit of randomly selected referrals providing partnership scrutiny
- Monthly internal case file audits by managers
- Monthly internal audits of all referrals by Adult Protection Coordinator

- Six weekly audits of effectiveness of partnership information sharing through reviews of Initial Referral Discussions
- Unscheduled audit in response to new concerns, by decision of the Committee
- Independently and anonymised service user surveys focussed upon establishing the views of adults to whom we have delivered an adult support or protection service. (see 4)

The **Annual Multi-agency Audit** was undertaken in February 2017 on 30 case files and an action plan implemented to address the findings and recommendations. The overall scores for all cases ranged from weak through to excellent, with 68% being graded as good or better and 19% as less than adequate. In cases graded as very good or excellent there was a timely, proportionate response, evidence of multi-agency working, a focussed inquiry with clear outcomes, transparency of recordings, and manager involvement in decision-making clearly recorded. In cases graded as less than good key issues included poor recording of adult protection activity, lack of assessment of risk and poor use of chronologies. In 82% of cases the rating was of good or better for the adult at risk being safer as a result of ASP activity, a slight improvement on 79% in 2016. Learning from this audit is shared across agencies and informs areas of practice improvement which are recorded in respective Improvement Plans. This provides a means to readily focus upon specific areas and record progress across agencies.

The Committee's **Self Assessment Framework** was introduced in 2017 with a new format and templates, including enhanced practitioner involvement with one case per month audited by each Team Leader in adult social care. This aims to enhance ownership of the improvement agenda. Information from the audits is analysed and informs our focus for continual practice improvement.

The **APC Risk Register** complete with a Scoring Matrix is new in 2018. Its purpose is to assist the Committee in reviewing the strategic risks which may pose a threat to the successful delivery of our strategic outcomes. The Register overall will be reviewed twice yearly and a monitoring schedule with a response plan set up to address any high risk areas.

### 3.2 Procedures and Practice

The **Forth Valley Adult Support and Protection Guidance** has been reviewed, producing a more concise and user friendly document. This now includes a revised Adult Concern Referral Form in response to feedback from users of the previous version that it was overly bureaucratic and onerous to complete. The revised guidance includes revisions to supplementary guidance in appendices. **Transition Planning Guidance** has been reviewed, based on practice experience, and a more robust process put in place for service users in transition from children's to adult services to deliver continuity of care and support services and ensure protection.

**Large Scale Investigation (LSI) Guidance** has been revised and the process much improved, as a consequence of multi-agency learning from a recent and protracted LSI. The revised guidance provides clarity on methodology, partnership working,

reporting and improvement planning. This work involved a range of staff across agencies and has been well-received.

A **Thresholds Matrix** was devised in autumn 2017, as part of the learning from the LSI, as a guide to referrals for care homes, care at home and other providers. This involved multi agency consultation which included Providers and following rigorous testing, evaluation and training it was successfully implemented. The Matrix has provided clarity of expectations in reporting and differentiating between an adult concern and an Adult Support and Protection matter. Training for providers in the usage of the Matrix has progressively developed consistency and confidence in reporting without diminution to the safety and wellbeing of vulnerable people. The application of the Matrix has resulted in stabilisation of referrals from care homes. The Matrix provides a framework for identifying priorities and should enable services to use resources effectively to deliver proportionate care and support for adults at risk of harm.

At a practice level, work has been undertaken to strengthen participation and joint decision making in Initial Referral Discussions (IRD) and to reduce bureaucracy in relation to ASP and Adult Concern referrals by Police Scotland through the Vulnerable Person's Database (VPD).

### **3.3 Skills and Knowledge**

Developing the skills and knowledge in ASP has been a strategic priority where we have had considerable success. This has been led by the ASP Coordinator in the absence of the resource of a dedicated training post and a formal learning and development plan, both of which we expect to reinstate by the end of 2018.

A range of ASP courses is offered at levels designed to meet the training needs of staff in partner agencies and to include the voluntary and community sectors. At the specialist level, Council Officer training continues to be provided in collaboration with Falkirk Council. At the entry level, ASP is a component of multi-agency Public Protection awareness training, a collaborative programme organised by the public protection Lead Officers.

We have continued to work in partnership with Falkirk APC to ensure provision of a broad programme of ASP training which delivers on-line and face to face courses:

- E-Learning Protection Basic Awareness
- E-Learning ASP (Based on NHS LearnPro)
- ASP Level 2a "With Respect" (1/2 day) Care Home Focus
- ASP Level 2b (1 day)
- ASP Level 2a & 2b Refresher
- ASP Level 2 / 3 Financial Harm Training (1/2 day)
- ASP Level 3 Council Officer Training (2 days)
- ASP Level 3 Three Act Training
- ASP Level 3 Investigative Interviewing (2 days)
- ASP Level 3 Court Skills Training
- ASP Level 3 Communication Toolkit
- ASP Level 3 Post Harm Training (2 days)

- ASP Level 3 Defensible Decision Making
- ASP Level 3 Capacity and Consent

Table 2 provides details of the staff and agencies from Clackmannanshire and Clackmannanshire who have accessed ASP training from 1 April 2016 to the present, with total attendances of 1122.

**Table 2:** Access to Training

Agency	Keeping People Safe in Forth Valley	Adult Support & Protection Training									
		Financial Harm	ASP Level 2a	ASP Level 2b	Defensible Decision Making	Capacity Consent	Council Officer	Investigative Interviewing	3 Act	Council Officer Refresher	Post Harm
<b>Clackmannanshire Council</b>	<b>31</b>	<b>3</b>	<b>16</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>9</b>	<b>0</b>
<b>Stirling Council</b>	<b>24</b>	<b>18</b>	<b>27</b>	<b>16</b>	<b>15</b>	<b>9</b>	<b>23</b>	<b>14</b>	<b>11</b>	<b>11</b>	<b>0</b>
<b>NHS</b>	<b>13</b>	<b>298</b>			<b>13</b>						
<b>Police</b>	<b>7</b>	<b>3</b>			<b>2</b>						
<b>3<sup>rd</sup> Sector</b>	<b>23</b>	<b>478</b>			<b>57</b>						

Level 2 Courses include: Level 2a half day; Level 2b full day; Financial Harm training.

Level 3 Courses include: Council Officer Training; Investigative Interview Skills; Decision Making; Three Act Training; Capacity and Consent

From consulting with staff attending the APC Practitioners' Group, we identified a need for Council Officer Refresher training. Consequently, a bespoke refresher training course was commissioned; ensuring staff have the skills and confidence to deliver optimum standards of service to adults.

In response to issues arising from our performance reports and audit activities, we have delivered training for Case Conference Chairs to develop practice and confidence and create resilience in capacity for chairing ASP Case Conferences. We see Case Conferences as an area for further improvement, particularly in relation to inclusion and support of service users and their carers, and we have incorporated this into our APC Strategic Plan 2018-20.

A key part of the Committee's strategic focus is to promote awareness of Adult Support and Protection and reach all staff groups. Training workshops have been delivered to staff within:

Councils:

Reception Services, Library Services, Housing Services, Trades,



Reablement Services, Child Protection, Domestic Abuse

APC Partners:

NHS

Police Scotland

Scottish Fire and Rescue Service

Scottish Ambulance Service

Other agencies:

Residential Care Homes and Nursing Homes

Care at Home Providers

Third Sector Agencies

A successful training event was delivered for GPs within the CREATE programme in late 2017 and we expect to offer this at least annually. The ASP Coordinator has taken part in broadcasts through the Forth Valley NHS acute hospital radio station to raise awareness of ASP.

The Health and Social Care Partnership working with the commissioning teams from Clackmannanshire and Stirling Councils established a Care Provider Forum where care homes, nursing homes and care at home services are represented. This forum provides opportunities to stimulate professional relationships and support practice improvements through training, professional learning through reflection, and planning. The Thresholds Matrix for ASP referrals was rolled out through the Forum, with good support from agencies.

The Committee recognises the importance of developing relationships with agencies that are not named in the ASP Act as “Duty to Cooperate” agencies and we have focussed efforts to raise awareness of ASP particularly with the Scottish Fire and Rescue Service and the Department of Work and Pensions. The ASP Coordinator has delivered presentations to staff within both organisations, developed and supplied supporting documents to facilitate referrals and established professional working relationships.

Learning for staff is not just about attendance at training. To keep staff informed about topical issues we have developed 7 Minute Briefings which may be from any member of the APC, e.g. on Human Trafficking (by APC Chair) and Scam Mail (by Trading Standards), and circulate these across partner agencies to encourage team and individual learning. A 7 Minute Briefing (by ASP Coordinator) on the use of the Swift Adult Protection module for social services staff was well received and resulted in immediate improvement in recording of information. Similarly, briefings on published SCRs and on local case reviews are disseminated to share lessons learned and local actions in response.

The multi-agency training described is part of a wider programme of single agency training for core service delivery, which incorporates elements of ASP as well as focusing on empowering and supporting vulnerable service users.

### **3.4 Public Awareness and Information**

We have produced a series of information leaflets on ASP for Service Users and their carers for reference purposes. The leaflets contain key information, including name and contact details of assigned workers and key partner contact information such as Advocacy Services. One leaflet details the Case Conference procedures.

We have revised the ASP website to provide a more user friendly communication medium with concise and easy to follow information for use by adults and their carers.

The APC Financial Harm sub group designed and delivered three bespoke seminars on financial abuse to audiences of service users and their carers. These provided preventative benefits through recognising and reacting to the threat of financial abuse.

The following case study demonstrates a successful outcome of a concern identified following involvement of Housing Services:

#### **Practice Example**

Mr M is a divorcee living alone in a local authority house in a semi-rural community. Mr M was diagnosed as having an acquired brain injury following a stroke some years ago. In addition he has a number of long-term health conditions and uses a zimmer frame to mobilise. Mr M also suffers from poor mental health and there have been ongoing concerns and discussions around his capacity. Mr M is described as living a chaotic lifestyle and had disengaged himself from his family.

Mr M became known to the social work service in 2012 following his discharge from hospital following a stroke. In 2014 concerns were raised around potential financial harm by his partner. These concerns were investigated by both SW and Police.

Despite attempts to support Mr M, he was reluctant to engage with services and refused to have involvement with SW in relation to the investigation around financial harm. Concerns about Mr M's welfare had escalated over recent years and there had been further ASP referrals around his increasing self-neglect. Mr M is said to be dependent on food banks as there are no items of food or amenities to cook in his home. The Scottish Fire and Rescue Service had expressed concerns about the safety of his home due to hoarding behaviour and storing gas cylinders in his house. Concerned about the escalating risks and Mr M's deteriorating health and hospital admissions, statutory procedures under the Mental Health (Care and Treatment) Act 2003 were invoked which culminated in a diagnosis of mental illness.

In August 2018 interim welfare guardianship was obtained by the Chief Social Work Officer. Mr M subsequently went into long term care where he remains. His wellbeing and quality of life have improved considerably. Without intervention the consequences for Mr M and potential others could have resulted in escalation of harm.

The Committee held an **Annual Conference** on 22nd November 2017 on the theme of “Balancing Rights and Risks”, with a particular focus upon listening to and engaging with practice dilemmas. This included presentations on Care Homes, Financial Harm, Adult Rights by People First and the Interface of Risk across the spheres of Public Protection. The conference was attended by multi agency partners and the third sector. Feedback was positive feedback and informs the content of the APC 2018-2020 Strategic Plan.

### **3.5 Public Protection**

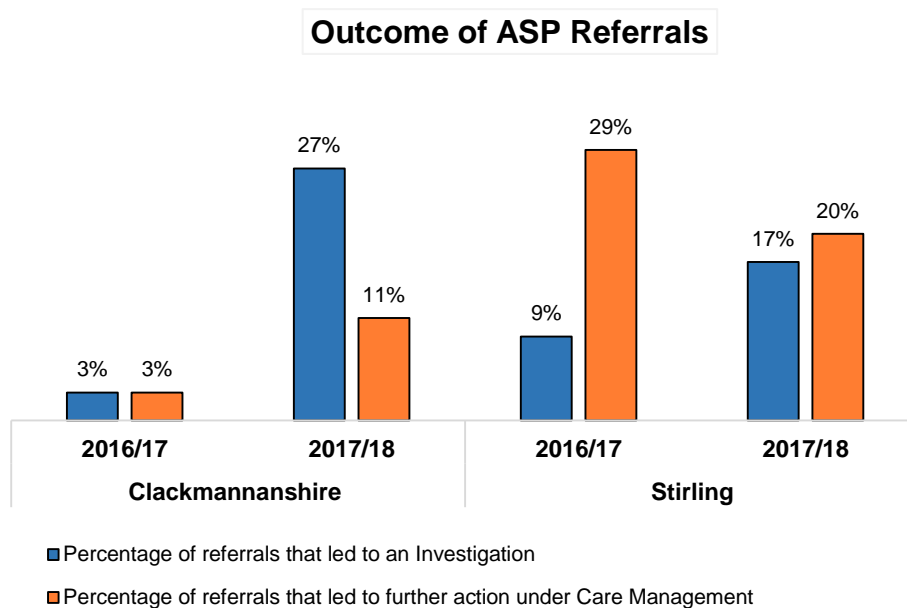
Collaboration across areas of public protection is one of our strategic priorities. This includes awareness raising and training, as described and taking opportunities to collaborate on service developments. For example, we have provided support to the Keep Safe Scheme and Night Buddies scheme, both assisting adults in distress. Responding to Adults in Distress was a topic in our annual Development Day and is an area for development in our new Strategic Plan.

The **Forth Valley Public Protection Newsletter** is produced quarterly by the Lead Officers and is available on-line. It provides for staff and public a comprehensive overview of policy, practice and service developments across Public Protection and it has been very well received. Articles on ASP have included *Adult Support and Protection Act, 2007: Our duty to co-operate – revisited*, and *Adult Protection: Learning from a National Significant Case Review* (Spring 2017).

## **4 Outcomes for Adults at Risk**

### **4.1 Responding to Needs**

Analysis of the data on the outcome of referrals shows differences between Stirling and Clackmannanshire. Referrals in Clackmannanshire were more likely to lead to an investigation. This may be a result of differences in the referrals received, i.e. more from care homes in Stirling, rather variation in practices.



**Figure 7** Percentage of referrals that led to an Investigation or further action by Care Management for 2016-2017 and 2017-2018

The difference between number of referrals and investigations is attributable to a number of factors. The statistics are for all adult concerns which are then prioritised following application of the criteria for ASP intervention to identify those who will be subject of Adult Support and Protection procedures. The comparatively low figures in Clackmannanshire are attributable to historic recording procedures which have since been re-aligned to deliver consistency across the Health and Social Care Partnership.

## 4.2 People in Care Homes

Across Stirling and Clackmannanshire residential care providers can accommodate approximately 890 people. The Committee continues to promote partnership working with providers to support them in delivering high quality care to residents.

The Committee monitors the number of ASP referrals from Care Providers and the quality of care grades awarded by the Care Inspectorate. This process of regular scrutiny provides a reliable means for identifying the emergence of any issues and opportunities for working collaboratively to support sustained improvements.

### Practice Example

During the summer of 2017 ASP concerns were identified within a care home through analysis of the number and type of adult concern referrals. A Large Scale Inquiry was set up to identify specific risks and thereafter support the Provider to deliver practice improvements across a number of areas. Families and carers were involved and kept informed throughout.

This LSI was a collaborative approach involving the Health and Social Care

Partnership, the Care Inspectorate and third sector agencies to support the provider to deliver improvement within an agreed and planned programme of work.

The plan contained 42 points recorded under the areas of

- Care & Support
- Environment
- Staffing
- Management & Leadership
- Recording
- Practice Ethos

The Health and Social Care Partnership provided monthly support and direction to progress practice improvements which focussed upon:

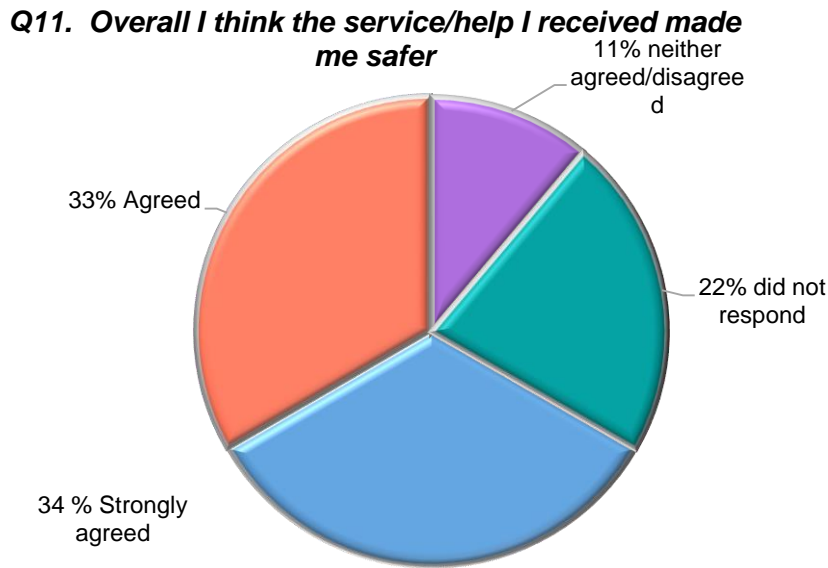
- Continued Multi Agency Support through formal monthly engagement
- Leadership and staff changes
- Thresholds Matrix
- Training

A consequence of this activity is the increase in the Care Inspectorate quality grades awarded to the provider from 2s (Weak) to 4s (Good) and 5s (Very Good) over a twelve month period. This reflects significant improvements to the quality of care and support, quality of staffing, environment, and management and leadership, all of which equates to improved outcomes for residents.

### 4.3 Is the adult at risk safer? What Service Users Say

Our **Service User Surveys** present an opportunity to assess effectiveness in ASP provision from a customer perspective. The twelve question survey is delivered by Forth Valley Advocacy Services who contributed to the design.

Figure 8 records responses from service users to Survey Question 11 “*Overall I think the service/help I received made me safer*”. There was an 80% response rate of which 67% of service users agreed or strongly agreed that they felt safer. This is comparable to the finding on ‘safer’ of the Annual Audit 2017.



**Figure 8** Feedback from Service Users to Q11 “Overall I think the service/help I received made me safer”.

Two comments from the Quality of Service themed questions are:

*“Combined efforts made Mr Y feel safer rather than the service”*

*“The service I received was excellent”*

The Committee recognises that further work is needed to ensure that the views of unpaid or family carers are reflected in future developments.

## 5 Challenges and Future Planning

### 5.1 Adults in Distress

The vast majority of referrals under ASP in Clackmannanshire and Stirling, 87%, do not result in an investigation. Many of these relate to concerns about adults experiencing some sort of distress or threat to their wellbeing that warrants support from partner agencies. At our 2018 Development Day the Committee recognised the challenge of these cases and the demand on adult health and social care services to respond to adults in distress and prevent escalation of risk.

The programme of multi-agency Professional Development Seminars for 2018-19 will include topics such as ‘Adults in Distress through Alcohol Misuse’ to support staff in responding to people in distress as well as those meeting the “three point test” for adult protection.

### 5.2 Responding to new threats of Harm

**Hoarding** has been identified as a growing issue in ASP at a national and at a local level, in particular by the Fire and Rescue service. Hoarding challenges staff across services and we recognise the necessity of a multi-agency response to reduce the potential for harm. Delivery of training to raise awareness and promoting collaborative working are priorities.

**Financial scams** are becoming more sophisticated and vulnerable older people are a particular target group. The Financial Harm Group has set out its activities in its Financial Improvement Plan, including training to raise awareness and give staff the means to respond to risks in the most effective way, without compromising any potential criminal investigation.

### **5.3 Strategic Plan 2018-2020**

A draft APC Strategic Plan for 2018-2020 is making its way through the Committee process. This sets out improvement outcomes and actions under five strategic priorities:

- **Leadership and Governance**
- **Continuous Improvement**
- **Improving Knowledge and Skills**
- **Improving Support for Service Users and Carers**
- **Promoting Awareness of ASP and Collaboration across Public Protection**

This is a SMART plan with a “Traffic Light” monitoring system. It will be a working document, to be reviewed and developed, to encourage ownership of its implementation by Sub-groups and partner agencies.

The Committee’s priorities for 2018-2020 include:

- ensuring that the Adult Protection Committee has the skills and knowledge to fulfil its functions;
- keeping policy and procedures up to date and responding to new requirements, on a local and Forth Valley basis;
- continuing to develop performance reporting and audit activity to inform improvement planning;
- supporting continuous improvement in practice through developing knowledge and skills of staff and sharing of learning across partner agencies;
- developing a greater focus on outcomes for adults at risk;
- listening to and involving service users and carers more effectively in the work of improving adult support and protection;
- increasing awareness of ASP and how to report concerns within the community; and
- promoting and supporting joint initiatives in public protection.

By achieving our priorities the Adult Protection Committee will meet our aim of ensuring that the most vulnerable people in Clackmannanshire and Stirling are protected from harm.



If you are worried that you or someone you know is being harmed contact:

***Stirling: 01786 233759***

***Clackmannanshire: 01259 727010***

***Out of hours: 01786 470500***







## **Clackmannanshire & Stirling Integration Joint Board**

27 March 2019

This report relates to  
Item 11.3 on the agenda

# **Chief Social Work Officer Annual Report for Stirling Council (2017/18)**

**(Paper presented by Marie Valente)**

## ***For Noting***

<b>Approved for Submission by</b>	Ian Aitken, Interim Chief Officer
<b>Author</b>	Marie Valente, Chief Social Work Officer, Stirling Council
<b>Date</b>	27 March 2019
<b>List of Background Papers/List of Appendices</b>	
A - Chief Social Work Officer Annual Report (2017/18) for Stirling Council	

**Title/Subject:** Chief Social Work Officer Annual Report for Stirling Council (2017/18)

**Meeting:** Clackmannanshire & Stirling Integration Joint Board

**Date:** 27 March 2019

**Submitted By:** Marie Valente

**Action:** For Noting

## **1. Introduction**

- 1.1 This report provides a copy of the Chief Social Work Officer Annual Report for Stirling Council in 2017/18.

## **2. Purpose & Summary**

- 2.1. The Chief Social Work Officer Annual Report provides an overview of the key priorities, challenges, improvements and achievements in the delivery of all social services. The report is for Stirling Council in 2017/18 and contains information that is relevant across the whole of the Stirling Council area.

## **3. Recommendations**

The Integration Joint Board is asked to:

- 3.1. Consider the contents of the report as set out in Appendix 1 and provide feedback and comments where appropriate.

## **4. Resource Implications**

- 4.1. None

## **5. Legal & Risk Implications and Mitigation**

- 5.1. None

## **6. Background**

- 6.1. Section 3(1) of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government, etc (Scotland) Act 1994 requires every Local Authority to appoint a professionally qualified Chief Social Work Officer.

- 6.2. The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services. This applies whether these are provided by the Local Authority or purchased from the private or voluntary sectors.

## 7. Considerations

- 7.1. The Chief Social Work Officer Annual Report for 2017/18 has been completed using the standard template and following the advisory guidance produced by the Office of the Chief Social Work Adviser to the Scottish Government. This supports a common approach to reporting across all Local Authorities which are then considered in the preparation of the overall summary report for Scotland. This is prepared by the Office of the Chief Social Work Adviser to share good practice and highlight the achievements and challenges for social services across the country as a whole.
- 7.2. The annual report for Stirling provides an update from the Chief Social Work Officer on a number of areas: an overview of performance, improvements, developments and key challenges; an update on governance and partnership working; a summary of the social services delivery landscape; an update on resources and improvements being made to how we use our resources; an update on performance and quality; and an update on workforce development and planning.

## 8. Impact on Integration Joint Board Outcomes, Priorities and Outcomes

- 8.1. This report and associated recommendations relates to the following Clackmannanshire and Stirling Health & Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate)

Fit with Local Outcomes	
Self Management	✓
Community Focussed Supports	✓
Safety	✓
Decision Making	✓
Experience	✓

Fit with Our Priorities 'we will...'	
Further develop systems to enable front line staff to access and share information	
Support more co-location of staff from across professions and organisations	✓
Develop single care pathways	
Further develop anticipatory and planned care services	✓
Provide more single points of entry to services	✓
Deliver the Stirling Care Village	
Develop seven-day access to appropriate services	
Take further steps to reduce the number of unplanned admissions to hospital and	

acute services	
----------------	--

**9. Consultation**

N/A

**10. Equality and Human Rights Impact**

The content of this report **does not** require an EQIA.

**11. Data Protection Impact Assessment**

The content of this report **does not** require a DPIA.

**12. Appendices**

Appendix 1 – Chief Social Work Officer Annual Report (2017/18) for Stirling Council





Stirling Council  
**Chief Social Work Officer Annual Report**  
2017/18









## Chief Social Work Officer and Report Function

The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is specified in Section 45 of the Local Government (Scotland) Act 1994.

The CSWO provides professional governance, leadership and accountability for the delivery of social work and social care services. These services may be directly provided or delivered by the private or voluntary sector on behalf of the local authority.

The role assists the local authority to understand the responsibilities and the complexities involved in the delivery of social work services. The CSWO has a key responsibility for performance management and the identification and management of corporate risk, as it relates to the delivery of social work services. The CSWO is required to ensure that all social services workers meet the requirements of the Scottish Social Services Council (SSSC) Code of Practice.

This report provides an overview and summary of the work, challenges and achievements across all areas of social services and the discharge of the duties of the CSWO throughout 2017/18 for Stirling Council. It combines high-level strategic information with more specific examples of work that is undertaken by our teams. This demonstrates how we are improving the quality of our services and the lives and opportunities for the people in the Stirling Council area.



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# 1. Foreword



Last year has been successful as we continue to move forward with our transformational change programme across Social Work services. In Adult Services we have seen the opening of the Stirling Health and Care Village, an inspection by the Care Inspectorate and Health Improvement Scotland and the transfer of operational management of adults and older people's services to the Health and Social Care Partnership. In Children's Services we have developed a mentoring service for our Looked After Children, expanded our accommodation for vulnerable young people and recruited enhanced foster carers.

In Criminal Justice we have developed services for women involved in the Justice system, introduced the concept of Justice Family Support Worker and developed a tool to measure the impact of services.

Stirling Council's success in achieving a City Region Deal last year heralds a whole range of innovation that will bring employability, digital skills development and new job opportunities to people, including our most vulnerable citizens. Stirling Council's strong focus on community participation and finding local solutions to local problems continues to empower communities to work together for better outcomes for all.

Similar to other Chief Social Work Officers across Scotland, my role has become more complex, reflecting the changing needs of our vulnerable population. It is heartening to see services moving from strength to strength whilst maintaining high standards of day to day operational activity. I wish to thank all staff for their continued commitment, enthusiasm and tenacity in delivering high quality services that are impacting positively on the lives of our most vulnerable individuals. I am looking forward to embracing next year's challenges with you and I am confident that we will continue to improve services through our work on a whole range of exciting planned developments.

A handwritten signature in black ink that reads "Marie Valente".

Marie Valente  
Chief Social Work Officer

## 2. CSWO Summary of Performance – Key Challenges, Developments and Improvements in 2017/18

# 2

### 2.1 NATIONAL CONTEXT

#### Introduction

Developments nationally in 2017/18 have included new legislation coming into effect, and significant developments in terms of Community Justice, adult social care and the children's care system. Financial pressures caused by budget reductions, changing demographics, and the cost of implementing new legislation and policies are felt in every local authority. In common with other areas of public service, the focus for social services is increasingly on applying principles of social justice through tackling inequality and disadvantage, working collaboratively and in partnership with colleagues across sectors, and empowering communities and individuals who receive services.

#### Economy

Budgets across the public sector remain constrained and are anticipated to stay this way for the foreseeable future. Social Services have a key role to play in transforming our services to be more efficient whilst improving the quality of care and support that we provide to some of society's most vulnerable people and communities.

#### Adult Services and Demographics

The population across Scotland continues to live longer and the goal of supporting people to live independent and fulfilling lives within their own home is a key aim. This shift in care provision to support people to live well in supportive communities, is facilitated by innovations and a strong emphasis on working with partner agencies to deliver joined up resources. This approach embraces enablement and integrated health and social care to improve the lives of people, and meets the National Health and Well-being Outcomes of supporting people closer to home.

#### Legislation

The amendments to the Additional Support for Learning Act (Scotland) took effect on the 10th January 2018. The Deputy First Minister and the Minister for Community Safety and Legal Affairs visited Wallace High School in Stirling to launch the new elements of this legislation. There are two significant changes detailed in this ASL legislation: the extension of rights for children which includes the establishment of a service to support children and young people to understand and access these rights; and a new structure for the Additional Support Needs tribunal.



The Carers (Scotland) Act 2016 which came into effect on 1st April 2018 places new duties on the Local Authority regarding unpaid adult carers and young carers. This has required planning and preparation to ensure that we are best placed to support our service users with regards to their new rights under this Act. The Act enshrines a rights-based approach with the aim of supporting carers to continue with their role, should they wish to do so, and to have a good quality life alongside their caring role.

### The Children's Care System

Our current care system for children, young people and their families is under scrutiny. Scotland's Independent Care Review, which is chaired by Fiona Duncan, is currently in the second phase. The aim of the Review is "to identify and deliver lasting change in the care system and leave a legacy that will transform the wellbeing of children and young people". This review is considering the views of a wide range of individuals and organisations that are working with, or have care experience. The outcomes of this review will help to inform our ongoing transformation and improvements.

### Community Justice

Community Justice Scotland, a national body for Community Justice, was created in April 2017 and has continued to evolve. Likewise, Stirling's Safer Reducing Offending Board and Stirling Council's Criminal Justice Social Work Services are continuing to develop partnership working. There is a national drive to reduce the number of people being held in custody, and, as such, there has been a renewed focus on the effective delivery of community sentences, as well as identifying how we can assist people to stop becoming involved in the Justice System at an earlier stage.

In keeping with this aim, in Stirling we have concentrated on the introduction of an outcomes focused framework, which not only helps Stirling Council and its partners evidence the effectiveness of interventions, but it also assists in identifying the extent of the challenges facing those involved in the Justice System.

There is a national drive to reduce the number of women being imprisoned. Stirling Council's Criminal Justice Social Work staff are continuing to deliver services within HMP Cornton Vale, and are actively involved in the design and delivery of the new estate being built on this site.



# 2

## 2.2 LOCAL CONTEXT

Our transformation agenda is improving our performance and making us more responsive to the needs of individuals and communities across the Stirling area. We have continued to improve how we work with colleagues both across the Council, and with partner organisations such as the NHS, Police Scotland, other local authorities, and third sector organisations.

The committee structure within Stirling Council has changed to be more aligned with our transformational agenda. The previous Social Care & Health Committee has been replaced by a Children & Young People Committee and an Adult Social Care Panel.

The Children & Young People Committee is responsible for providing oversight of the work that is undertaken by Children & Families and Schools, Learning & Education which helps to support more holistic and collaborative working between the services and Elected Members. The Adult Social Care Panel aligns the work of adult social services more closely with that of the Health & Social Care Partnership providing appropriate governance and oversight in this area.

### City Region Deal

The UK and Scottish Government are investing £95.2 million in Stirling and Clackmannanshire through an ambitious UK City Region Deal. The Stirling and Clackmannanshire City Region Deal will provide the platform for transformational change for the people and businesses of Stirling. The Deal provides exciting opportunities across the whole of the Council area and will drive economic growth across the region. This strategic programme has been collaboratively designed to provide a healthier, wealthier and greener future for the people of Stirling, benefiting all those who live, study, work and invest in Stirling.

The City Region Deal, with its explicit aim of social justice, offers unique and exciting opportunities which will benefit all people in the Stirling area. Social work service users will benefit from all these opportunities whether it is through providing improved job or training opportunities, a greater sense of community spirit, or in the improved environment within which they live.

## Stirling Council Five-year Business Plan 2018-2023

[https://www.stirling.gov.uk/\\_\\_documents/5-year-plan-2018.pdf](https://www.stirling.gov.uk/__documents/5-year-plan-2018.pdf)

Stirling Council's vision is outlined in the Five – year Business Plan as follows:

*“To be bold, ambitious and community-led, delivering quality services with customer focus, tailored to the different needs of our communities.”*

## The Stirling Plan – Local Outcomes Improvement Plan 2017-27

There are four key outcomes that Stirling Council and its partners are working towards:

### Prosperous:

People are part of a prosperous economy that promotes inclusive growth opportunities across communities.

### Healthy:

People are healthy and live full and positive lives, within supportive communities.

### Achieving:

People are skilled and supported to make a positive contribution to communities.

### Resilient:

People are part of safe and caring communities, within an attractive, safe and suitable environment.

The administration has agreed 6 priorities to be delivered within the five years of its term. The diagram below illustrates how some of the key activity undertaken by the CSWO and Integrated Joint Board contributes to the 6 Council Priorities and then in turn to the 4 outcomes within the Stirling Plan, thus creating a clear line of sight from CSWO initiatives to direct impact on the key council priorities.





# 2

Golden Thread  
- from CSWO to  
Stirling Plan

## THE STIRLING PLAN (LOIP)

SP Priority  
Outcomes

**PROSPEROUS  
STIRLING**

**HEALTHY  
STIRLING**

**ACHIEVING  
STIRLING**

**RESILIENT  
STIRLING**

Stirling Council's  
6 Key Priorities

Look after all citizens, from early years to adulthood, by providing quality education and social care services, to allow everybody to lead their lives to their full potential

**Priority A**

Target all forms of poverty across our communities and mitigate the impact of austerity and welfare cuts on those hit the hardest

**Priority B**

Create more affordable housing and social housing in all of our communities. Lead by example as an organisation in setting exceptional standards in building practice, environmental practice, employer practice, tenant relations and homelessness prevention

**Priority C**

Deliver inclusive economic growth and promote prosperity. We will deliver a City Region Deal and pursue policies and solutions that encourage high quality, high paying jobs into all of Stirling's communities

**Priority D**

Create and implement environment and infrastructure improvements. Deliver new ownership and delivery methods in energy generation, public transport and internet access, ensuring profits and services work to community, not commercial priorities

**Priority E**

Commit and coordinate our resources to ensuring Stirling becomes a must visit destination; with heritage, culture, environment and economic strategies working hand in hand to encourage tourists to stay for a minimum of three days and two nights

**Priority F**

Work to Deliver  
Against Our  
Priorities

**Priority A**

- Stirling Health and Care Village
- Supported Accommodation for Care Experienced Young People
- Young Carers and Kinship Care
- Functional Family Therapy
- Strengthening Fostering and Adoption Services - Transforming Brucefield Residential Unit
- High Health Gains
- Improving Young People's Mental Health - Nurture Approaches and Mental Health First Aid
- Models of Neighbourhood Care
- Implementation of the Carers (Scotland) Act 2016

**Priority B**

- Food Insecurity Provision Pilot
- Food Skills - 'Make and Taste' Sessions
- Making Positive Change and Thrive Workshops
- 'Better Off Stirling Platform'

**Priority C**

Accommodation Strategy - Which includes creation of Corporate Parenting Hub and Scatter Flats

**Priority D**

Working Smarter - Through Care and After Care Team working alongside Employability and Education Colleagues to ensure our care experienced young people have better outcomes



[https://www.stirling.gov.uk/\\_\\_documents/community,-life-and-leisure/local-outcome-improvement-plan2017-v9.pdf](https://www.stirling.gov.uk/__documents/community,-life-and-leisure/local-outcome-improvement-plan2017-v9.pdf)

The Stirling Plan describes how community planning partners will work together to promote fairness and tackle inequalities over a ten-year period. The Stirling area is relatively affluent and compares well to the rest of Scotland. However, stark inequalities still persist in both urban and rural communities. Whilst the overall position of Stirling is good, there are areas of real social and economic need, where the differences in opportunities are significant.

Locality action plans for specific neighborhoods where outcomes are poorest are intended to meet the needs and ambitions of local people.

In order to tackle poverty, we must take an inclusive growth approach, where economic growth and inclusion are mutually dependent on each other. The City Region Deal will provide an opportunity for economic growth and prosperity in Stirling over the next ten years. The aim is to ensure that the widest range of people and places benefit from this investment. Inclusive growth is about rebalancing our economy with a targeted focus on reducing inequalities. Three main priorities have been identified to deliver inclusive growth opportunities:

- Sector growth and diversification
- Skills and inclusion
- Income maximization.

Three different levels of activity and decision making need to be in place:

- Stirling wide level
- Area Partnership level
- Local level.

This is illustrated in the diagram below.



# 2

## 2.3 FINANCIAL CONTEXT

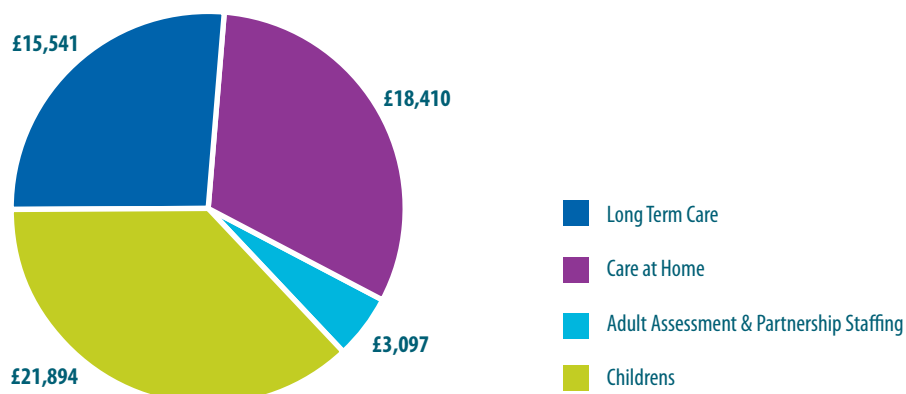
Financial challenges impact on social work services as they do across all local authorities and the wider public sector. Good progress has been made in meeting this challenge through transformational change that is informed by public consultation, research and robust data collection. This has supported innovation in the delivery of our services making them more efficient whilst also improving the quality of outcomes for our service users. The chart below provides a high-level overview of budgets across social services for 2017/18.

A common approach has been used across Stirling Council since 2013 to address the financial challenges. This has supported us to align our resources with our priorities and balance our books, and engaging with our communities has been a critical component. Social Services transformation has assisted the implementation of efficiencies.

Our communication and engagement included employees, communities, young people and their families, and local organisations such as business or the third sector. Engagement activities were undertaken in person across a variety of events within local communities in addition to digital engagement such as an online survey and a central email address that allowed people to send their questions, comments and suggestions. This allowed a wide range of views and feedback to be collated and presented to Elected Members to inform their deliberations as part of decision making on the Council's budget.

### Budget 2017/18 (£000)

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## 2.4 CHILDREN AND FAMILIES SERVICES

### Strategic Context

Key documents that describe the strategic direction of Children's services are the Children's Services Plan 2017-2020; the Corporate Parent Strategy 2018-2020; and the Children & Families Service Plan 2018-2019.

### Children's Services Plan 2017 – 2020 (Multi – Agency)

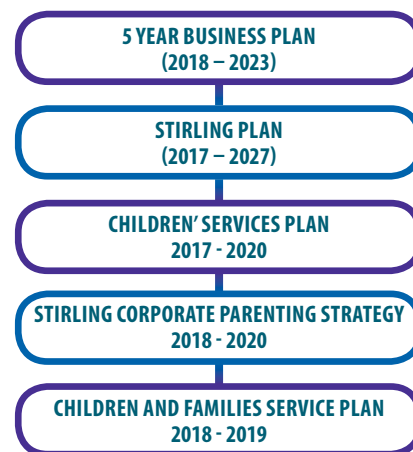
[https://www.stirling.gov.uk/\\_\\_documents/education-and-learning/policies-and-guidelines/childrens-services-plan/childrensservicesplan.pdf](https://www.stirling.gov.uk/__documents/education-and-learning/policies-and-guidelines/childrens-services-plan/childrensservicesplan.pdf)

The vision for children and families is defined within the Stirling Children's Services Plan 2017 - 2020:

*“We want Stirling to be a nurturing, respectful and ambitious place for all children and young people, their families and communities across Stirling.”*

The Children's Services Plan 2017 - 2020 is our multi-agency strategic document which outlines our approach for the delivery of all services for children. This was developed collaboratively with colleagues from the Children & Families Service; Schools, Learning and Education Service; NHS Forth Valley; Police Scotland; Scottish Fire and Rescue Service; the Scottish Children's Reporter Administration, and our Third Sector partners. Our Children's Services Plan demonstrates our commitment to the principles that children, young people and their families:

- Are at the centre of our thinking and action
- Are involved in decisions that affect their lives
- Will be supported to secure outcomes for themselves.





## 2

The Plan is fully aligned to the Scottish Government national outcomes aiming to make Scotland a better place to live and a more prosperous and successful country. The National Outcomes relating to children and young people are:

- Our children have the best start in life and are ready to succeed
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens
- We have tackled the significant inequalities in Scottish society
- We have improved the life chances for children, young people and families at risk.

Three of the emerging key areas that are identified as significant in the Children's Services Plan are:

- Improving children and young people's mental health and emotional wellbeing
- Improving life outcomes for Looked After Children and young people: partners continuing to be committed to their corporate parenting role
- Tackling the impact of low income on children and young people's participation and achievement.

The Plan indicates that action will be taken to build an improved picture of local need and risk and match this to service design and development with the involvement of children and young people. We will develop a performance framework to evidence impact and a communication, engagement and involvement framework to deliver against the strategy. We will continue to embed children's rights in everything we do and improve our workforce development to further embed the GIRFEC approach.

## Stirling Corporate Parenting Strategy 2018 – 2020

<https://my.stirling.gov.uk/services/social-care-and-health/social-services-policies-and-plans/corporate-parenting>

The Stirling Corporate Parenting Strategy 2018 – 2020 outlines our ambitions for children and young people who are looked after or have experienced care within the Stirling area. It explains how we will meet our corporate parenting obligations to uphold the rights of children and safeguard the wellbeing of care experienced young people, through which physical, emotional, spiritual, social and educational development is promoted.

Corporate parents in Stirling are ambitious for the future of looked after children and young people. The Strategy commits us as corporate parents to work to close the gap in life outcomes between looked after children and young people and their peers. Our approach to corporate parenting will be kept under constant review, seeking out improvement wherever possible.

As corporate parents we will work with children, young people and their families to reduce the risk of children and young people becoming looked after. We will develop a better understanding of the issues that children and young people who experience care face and are committed to change and demonstrate how things will change. We will build on the assets of young people by encouraging children and young people who experience care to engage and participate; develop relationship based practice; and incorporate nurture principles as a universal approach in our work.

We will ensure that children and young people know what their rights are, and work with looked after children and young people to ensure partners are alert to any relevant issues and can identify and deliver support for a young person's needs. Our corporate parents will act as advocates on behalf of care experienced young people.

The Strategy places a focus on our commitment to supporting children and young people to remain safely in their communities. Supporting children and young people to remain in their local area preserves their sense of identity, protects the stability of key relationships and promotes a sense of belonging and inclusion. The Strategy also sets out our plans to listen to the views of children and young people by supporting the development of a Stirling Champions Board. The Champions Board aims to provide a forum for meaningful dialogue between care experienced young people and their corporate parents, and for this dialogue to influence change in policy and practice. The Action Plan associated with the Strategy sets out our planned improvement activities to support these ways of working.

# 2

## Children & Families Service Plan 2018/19

<https://my.stirling.gov.uk/services/social-care-and-health/social-services-policies-and-plans>

Our Service Plan for 2018/19 for the Children & Families Service sets out the priorities for the coming year for the service as a whole as well as the individual service areas: Children & Families Fieldwork; Vulnerable Children; Additional Support Needs & Wellbeing; and Safer Reducing Offending. Our key activity is shown in the diagram below:

### KEY OVERARCHING TRANSFORMATION GOALS:

- Implementation of a place based approach.
- End-to-end review of caseload management and transitions.
- Enhancement of performance management.
- Development of core business systems.
- Enhancement of Out of hours provision.

### VULNERABLE CHILDREN'S SERVICES KEY ACTIVITY:

- Improvement of accommodation for vulnerable young people.
- Review of permanency processes and systems.
- Enhancement of adoption support service.
- Implementation of self-directed support.
- Strengthening of continuing care.

### FIELDWORK SERVICES KEY ACTIVITY:

- Review of service delivery settings (linked to a place-based approach).
- Implementation of Carers Act.
- Review Kinship Care Processes.

### ADDITIONAL SUPPORT NEEDS AND WELLBEING KEY ACTIVITY:

- Development of processes to monitor wellbeing.
- Refinement of approach for monitoring and supporting Looked After Children.
- Development of awareness and support for equalities and rights.
- Development of resilience principles and promotion of mental health

## Key Priorities and Improvements

*Improving life outcomes for Looked After Children and young people: partners continuing to be committed to their corporate parenting role.*

*(The Children's Services Plan 2017 – 2020)*

### Maintaining Children in their Communities

The Children & Families Service is committed to ensuring that children grow up in inclusive and nurturing environments and that they stay connected to their supportive social networks. We are in the process of reviewing progress for the first year of our longer term 5-year strategy to reduce the use of external residential placements and maintain children in Stirling. Our analysis has shown that we have made positive progress with the rebalancing of care. Significantly fewer young people are now accommodated in out-of-authority residential placements.

Stirling Council has renewed its focus on better supporting looked after children at home which has led to the creation of a funding stream for personalized support plans. A process has also been developed to better identify opportunities for self-directed support to improve the independence of children with disabilities.

We have prioritized early intervention, with investment in parent and family support workers. Increased resource has been identified to support children on the edges of the Criminal Justice system and we have recruited a Mentoring Coordinator for looked after children.

In 2015/17, the Alcohol and Drugs Partnership funded a post within Barnardos to address a gap in support for looked after children and young people aged 11 – 25 using alcohol and/or drugs. Following evaluation, an additional three years' external funding has been secured.

Services from Includem and Functional Family Therapy continue to provide intensive support to help maintain children in their communities.

# 2

## Review of our Fieldwork Approaches

We have improved our children and families Social Work service delivery within community settings. This has ensured that our fieldwork approach encompasses the Council's vision and that new duties are effectively enacted. Work is progressing on implementing the place-based approach and a caseload analysis has been completed. A Temporary Service Manager has been appointed to fully implement the change process over the next year.

We have been developing plans to introduce modern technical solutions to improve efficiencies and support our teams in the delivery of services. This includes considerations of how we can more easily access and share information, reduce the amount time spent on less productive tasks such as unnecessary travel, and the streamlining of the processes we use to manage service delivery.

## Young Carers

Significant work has been done jointly between education and social work to prepare materials on a Young Person's Statement for the Carers Act, train staff to recognize Young Carers and provide support via the Carers Centre.

## Kinship Care

We have reviewed our kinship care processes to improve how we identify and assess potential kinship carers, ensure that the correct supports are provided, and that financial contributions are paid in an equitable and timely manner.

## ASN & Wellbeing

The ASN & Wellbeing Team has taken forward a wide range of initiatives over the last year which has included areas such as: the implementation of nurturing approaches; additional supports to young carers and the creation of a Young Carers Coordinators network to share and develop good practice; strategic developments to improve the mental health of young people; reviews of the anti-bullying and positive relationships policies; implementing Video Interactive Guidance and Video Enhanced Reflective Practice as tools to help families and practitioners to improve their communication and support for children and young people; refreshing guidance for schools on exclusion to promote preventative and alternative approaches; and updating child protection guidance for schools to promote preventative measures and early intervention.



## Social, Emotional and Behavioural Needs

The Social, Emotional and Behavioural Needs Service has new leadership and has been rebranded as the Stirling Inclusion Support Service. It continues to provide short and longer term educational placements for children whose family circumstances or early experiences have led to challenges in accessing learning in their local school. This has brought together the staff team and refocused the provision, aiming to increase capacity to meet the needs of young people. This has included improvements such as: the implementation of trauma informed practice; additional training on social pedagogy, nurture and adverse childhood experiences; introducing flexible learning programmes; and the appointment of sports development officers to broaden the range of learning available to pupils. Additional financial resource has been provided to recruit additional teachers.

## Supporting looked after children and young people in education

Positive destinations for looked after young people have improved from 50% in 2013/14 to 80% in 2016/17. Some of the factors contributing to this improvement are the focus across our education establishments on 'Developing the Young Workforce'; and new initiatives for vulnerable young people supporting the development of skills for learning, skills for life and skills for work. These initiatives include Stirling Council's Flexible Pathways and a pre-apprenticeship work based learning programme.

Attainment in Literacy and Numeracy for looked after young people has also increased significantly over the same period: Level 4 Literacy & Numeracy has increased from 39% of looked after leavers to 55%; Level 5 Literacy & Numeracy has increased from 17% to 35%.

## Transforming Brucefield Residential Unit

Following the inspection of the Brucefield Residential Unit in October 2016, a detailed improvement plan was developed and implemented to improve the quality of care and support that the young people receive. The improvements have been wide ranging from process improvement to renovation work within the building. Examples of these improvements have included: the implementation of a training programme covering aspects such as social pedagogy, dyadic development and ICT skills; we have moved to only accepting planned admissions which are subject to an admission policy and impact assessments to ensure a good match for all residents; garden area improvements; management audits to evidence the positive change to practice; and the introduction of wireless internet access for young people. This has resulted in improved feedback and scoring from the Care Inspectorate on their follow-up inspections which has therefore allowed us to accommodate more young people within the unit.

# 2

We have been working throughout the year with the Centre for Excellence for Looked After Children in Scotland (CELCIS) to further develop the team. This has created a more cohesive culture which is focused on evidencing outcomes for our young people and improving their care planning. There has also been the introduction of case review days, increased internal auditing of cases and streamlined monitoring from line management on a regular basis. This has combined to improve the quality of our practice which is ultimately benefiting the young people that we care for.

## Supported Accommodation for Care Experienced Young People

An accommodation strategy is now being developed in parallel to the ongoing identification of appropriate accommodation on a case-by-case basis.

In response to the increased demand for accommodation for our older young people, which is aligned with our strategic goals, we have created a Corporate Parenting Hub within Stirling. This has involved the refurbishment and commissioning of a property which provides a range of supported accommodation for our care experienced young people. The Corporate Parenting Hub has been developed on the concept of providing a range of accommodation types with varying levels of support that will support young people to gain the life skills that are needed to progress on to achieving their own tenancy. The main Corporate Parenting Hub is a property that consists of three flatted properties. The upstairs flat provides accommodation for three young people and a short-term emergency bedroom for support in the case of a placement breakdown. Support staff are based in the Hub to work with the young people. The young people can also access and work with colleagues from a range of supporting organisations. The lower flat of the Corporate Parenting hub is comprised of two additional flatted properties that have space for three young people whose level of independence requires less immediate support. We have also secured additional flats for our young people. These properties are managed separately from the Corporate Parenting Hub and provide further accommodation, which is an important step in the phased approach to supporting our young people to move on to gaining their own tenancy.

In the last 3 years, 20 looked after young people have been prioritized and supported into permanent tenancies through the Council's housing allocations policy and 85% of them have continued to sustain their tenancy.



## Strengthening of Fostering and Adoption Services

Our efforts to maintain children in their communities means that there continues to be high demands on foster care resources. Furthermore, the continuing care agenda requires the local authority to offer both extended support and accommodation to Looked After and Accommodated Children (LAAC). In addition to the increased pressures on foster care resources there is a similar increase in demand for supported lodgings placements. Stirling Council has undertaken multi-faceted recruitment campaigns in order to continue to increase the number of foster carers; appointed enhanced foster carers with specialist skills to support young people with more complex needs; recruited additional supported lodgings providers; and increased the provision of respite to families who foster. The support and training that we provide to our carers continues to be successful in the retention and recruitment of families for children and young people.

The Fostering & Adoption team is recruiting an additional social care worker and a therapist. Additional staffing have also been appointed to increase fostering recruitment. There is an increased challenge to achieve permanence for young people resulting from wider court decisions. The legal landscape is complex and Stirling Council offers support, training and processes to ensure young people reach their permanent destinations within reasonable timescales.

Our fostering and adoption service received a very good report from the Care Inspectorate.

## Giving a Voice to Young People and Hearing their Feedback

Understanding the views of the young people that we work with is important to us and we have set up a reference group of care experienced young people. Attendance at this group is voluntary and it meets weekly and has allowed care experienced young people to give feedback on a number of different developments that affect them.

With support from the Life Changes Trust, we have been successful in setting up our Champions Board which is supporting us to engage better with young people as part of decision making processes. This is helping young people to become more engaged and to build positive relationships all of which will lead to policy and practice developments that are more reflective of their needs. A Development Officer is now in place and working with young people to take the Champions Board forward. One early area of work is in enhancing the Family Firm approach which will help identify employment and apprenticeship opportunities within the Council.



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## Improving Young People's Mental Health and Emotional Wellbeing (The Children's Services Plan 2017 – 2020)

A multi – agency working group has been developing support for young people with mental health difficulties, with tangible success.

Approximately 350 school staff in Stirling have been trained in nurture approaches. A small number of schools and early years' establishments have been implementing nurture approaches such as 'nurture principles: the environment is a safe base and all behaviour is communication.

Stirling Council's Schools, Learning and Education service was awarded a fund of £2,000 from Education Scotland, to deliver Scottish Mental Health First Aid Young Person's training to 41 secondary school staff. Two senior pupils have come together to form a Wellbeing Group. The young people involved have become mental health champions for their schools.

Pupils explored the problems identified by young people from their own personal experiences via a small local survey. The wellbeing group created a Prezi presentation outlining the key issues for young people and their work as a young people's wellbeing group. This can be accessed through the following link:

<https://www.youtube.com/watch?v=LfCGNpUb0ng>.

The wellbeing group have been integral in planning and designing a wellbeing event for S3-S6 secondary pupils across Stirling. Workshops on a range of topics identified by young people will be presented by staff from Stirling Council, NHS, LGBT Youth Scotland and See Me. Action plans will be developed during the course of the day, which will be taken back to schools for further discussion.

Child & Adolescent Mental Health Services (CAMHS) have provided training for professionals, particularly social work and family support services on the 'START-AV' risk assessment methodology. NHS Health Promotions Team have supported partners to access Scottish Mental Health First Aid Training, and to Stress Control Groups. This is helping to build capacity and confidence of staff in a range of services to provide intervention to children and young people at a much earlier stage, with the aim of increasing timely access to support and ensuring that specialist mental health services focus on children and young people most in need.

Work within the Health and Social Care Partnership has seen the establishment of a rolling programme of introducing mental health practitioners within Primary Care, ensuring responsive access to services for adults (including young people) and further focus on suicide prevention. Mental Health across all ages will continue to be an area of priority for social care services working alongside Education, NHS services, Housing, Police, Fire Services and our third and independent sector providers.

## Tackling the Impact of Low Income on Children and Young People's Participation and Achievement (The Children's Services Plan 2017 – 2020)

Stirling Council piloted food insecurity provision during the 2017 Easter holidays, resourced from the Child Poverty Growth monies. These pilots were located in two of the areas evidencing highest need and were delivered in partnership by the Council and third sector organisations. Evaluation was extremely positive from children, parents and carers. Since then, Council officers have worked with third sector agencies to refine the model, and investigate the potential for mainstream resourcing.

In February 2018, Stirling Council agreed a sum of £80,000 for a one-year pilot project to deliver school food insecurity meal provision. This was delivered over the summer period and was very successful.

NHS Forth Valley has provided early years settings with small grants for food skills work with parents and 'Make and Taste' sessions are also available via community projects. With a focus on areas experiencing deprivation, nurseries have received food skills training and family support workers are working with parents to develop food skills. One Stirling nursery is involved in a test of change on the promotion of Healthy Start vitamins. NHS Forth Valley has delivered poverty and food insecurity sessions to staff.

A working group was established during the 2016/17 school session to raise awareness of the cost of the school day; consult with staff, children and families; and to test out a dedicated fund. The working group produced materials for schools to use with staff, parents and young people to further raise awareness and develop the approach further. Presentations were made to the Parent Council Network on the approach along with circulation of the Child Poverty Action Group Cost of the School Day parent toolkit.

Three pilots took place to provide free access to sanitary products. Each gathered evidence of impact through case studies. Funding from Stirling Council supported the pilots and initial set up in all schools.

Stirling Council Advice Services Team supported 2,033 new clients in 2017/18, generating additional income of £5,285,713.55 for their clients, which equates to an average of £2,599.96 per client.

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Outreach surgeries and workshops were carried out in local communities across Stirling including:

- Supporting Food Insecurity pilot: a Money, Debt and Benefit Adviser attended each of the sessions to raise awareness of the service to parents and carers, as well as provide advice.
- Thrive Workshops: members of the Advice Services Team facilitated budgeting workshops across Stirling.
- World Work: members of the Advice Services Team visited a local primary school and spoke to all ages about the role of the team. A further visit was then made with primary 6 and 7 to talk about day to day income and expenditure, budgeting, looking for “better deals” and cheaper alternatives, along with the value of money, benefits, etc.
- Making Positive Changes Workshops: The team provided two Money, Debt and Benefit workshops to women in the criminal justice system, in partnership with Positive Changes (Scotland) CIC.
- Jobcentre Plus: appointments with a Money, Debt and Benefits Adviser are available on Monday afternoons at Stirling Jobcentre Plus.

The ‘Better Off Stirling Platform’ was launched in November 2017 as an additional channel for Stirling citizens to access Income Maximisation, Money, Debt, Benefits and Employability advice and support. A number of people have accessed the platform since the launch and have used it to carry out ‘better off’ calculations as well as seek information on debt, benefits and jobs/volunteering opportunities in the local area.

## Examples of Innovations and Improvements in Children’s Services

Stirling Council have taken forward many different initiatives to improve the quality of the service that we provide.

Additional social work resource is being put in place to support the prevention of placement disruption with the recruitment of an additional social worker and therapist. This will help minimize the occurrence of placement breakdown providing a more stable environment for vulnerable young people, reducing the resourcing impact of identifying new placements and minimising the associated cost increases. Academic research has been undertaken into the reasons, identification of patterns, and identification of what could have been done prior to breakdown that will help to inform future planning.

A long term Accommodation for Care Experienced Young People Strategy is nearing completion that will ensure that the amount and type of accommodation that is available to support our older young people is sufficient and helps us to meet our obligations in line with continuing care. This strategy is based on detailed analysis of current need and anticipated future need and is reflective of the changing nature of requirements that arise from our overall strategy to support young people to return from residential placements and into community or family settings. This approach is beginning to make positive impacts on the lives of our young people as they are being supported to move to accommodation that better meets their needs.



Functional Family Therapy (FFT) has been commissioned to provide a specialist approach which is a family based intervention aimed at children and young people aged 11 to 18. Using FFT has been successful in reducing offending, improving attainment and improving family relationships. It is a short term intervention (usually a 5 month period) working with parents/carers or others who are important to the young person. The majority of the work is done with all of the key people in the home at the same time. The therapist works with the group to tailor a programme to their specific circumstances that will help to ensure that the family achieves the required outcomes.

Children & Families have collaborated with Schools, Learning & Education to identify the need for and recruit a campus-based social worker. This has supported us to build strong working relationships with school staff and minimise barriers within the school, across the Council, and with wider local communities. It has also focused on earlier intervention for young people who are at risk of having more formal Social Work involvement promoting working practices with children and their families that are more supportive, preventative, and less adversarial.

Data analysis of caseloads have been undertaken to provide insight into demands that will help to inform how we can redesign services, as part of a place-based approach, to better meet needs more locally and in individual communities. This provides a level of understanding with regards to geographic demands, age profile, demographics, profile of need, and duration of involvement that have never been previously available.

Planning for the implementation of Self Directed Support has been undertaken in preparation for the rollout across the Children with Disabilities team in August 2018. Following that implementation it will then be rolled out across all of children's services. This has included the development of indicative budgets for all eligible young people, creation of an assessment tool, and completion of case examples to ensure that the processes will be successful.

There has been an increased focus on young people being involved in the planning and design of events and interventions around improving children and young people's mental health and wellbeing across Stirling. Events included the Gathering, which was a large event that gathered young people's views on key themes such as education, transport and mental health, and the #justbreathe event, which was planned and designed by young people to raise the profile of mental health and to provide information sessions. These were on topics that young people have identified as being important and included LGBTI, coping strategies, anti- stigma and exam de-stress.

Training has been delivered to more than 250 education staff on nurturing approaches to provide a framework to promote children and young people's wellbeing, resilience, attainment and achievement. This is evidence based on the growing body of research on the effectiveness of embedding nurturing approaches as a whole school approach, with a focus on supporting the needs of a wide group of children and young people.

Updating child protection guidance within schools to promote the wider agenda of safeguarding and wellbeing which led to the creation of a Safeguarding Network. This comprises of Deputy Head Teachers from each secondary school and the Head Teacher of Stirling Inclusion Support Service.



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The network meets monthly with business underpinned by safeguarding, wellbeing, equality and inclusion. Professional learning sessions have been enhanced with invaluable input from Scottish Children's Reporter Administration, Gender Based Violence Partnership, the Children's Rights Officer, and Central Scotland Regional Equality Council.

We have delivered Safe and Together training across a range of social work professionals. This training improves professional practice by improving knowledge of domestic violence with particular focus on perpetrators and the impact they have, and providing tools for staff to use when working in these areas.

The CivTech Wildcard Challenge: Starting the Mental Health Conversation is an innovative partnership approach including young people from the Stirling area, the NHS, Health Improvement Scotland, Young Scot, and our Additional Support Needs & Wellbeing team. The young people identified that mental health is a varied and complex area that is important to them. The 'Wildcard' Challenge takes a new approach to procurement where young people have identified a range of important issues and have invited organisations to suggest solutions that will open up the conversation and provide reliable personalized support and information for young people and the people who support them. It is hoped that by taking a leading role more young people will be able to access the support they need when they need it and ultimately reduce the impacts of young people experiencing mental health difficulties. The application process has now completed and the applications are now being considered.

<http://futurescot.com/civtech-mental-health-stirling>

<https://civtech.atlassian.net/wiki/spaces/CIV/pages/540803073/Wildcard+Challenge+Starting+the+Mental+Health+Conversation>

An event attended by young people from across our schools identified priority areas for development. One of the four areas for attention was that the traditional classroom environment does not meet the needs for a small number of young people. A new approach to providing a broader range of education pathways has been developed. This will lead to opportunities for young people to attend bespoke programmes of core learning in literacy and numeracy, work experience, and college attendance as an alternative to school. The programme will begin in August 2018 with eight young people taking part.

A range of activities have been taken forward in to address the impacts of poverty on our children and young people with consideration being given to welfare reform and the rollout of universal credit on poverty levels. This has included pilots of food insecurity provisions for children within schools with an identified need; a pilot for free sanitary products across all schools; advice workshops for families within their local communities on topics around money, benefit and debt; and the launch of the Better Off Stirling website in November 2017 to provide information on benefit eligibility and assistance with applications.

Within our Throughcare team there has been a focus on ensuring that Pathway Planning is effective, up-to-date, and that our young people are supported to achieve the best outcomes for themselves. This has supported young people to move into further education or apprenticeships. This has meant that four young people are starting courses after the summer of 2018 in addition to three who are already in further education.

The Council has continued to commit additional resource to transform the delivery of social work services and details of this are contained within Section 5 – Resources.





## 2.5 ADULT SOCIAL CARE

### Strategic Context

Adult Social Care forms part of the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) and the services sit within the scope of the Integration Joint Board which strategically plans and commissions community based health and social care services.

The vision for the Partnership is:

*“To enable people in the Clackmannanshire and Stirling Health and Social Care Partnership to live full and positive lives within supportive communities”*

Key documents that describe the direction and function of the Partnership are:

- The Strategic Plan (2016-19) which established the Partnership vision and outlined the local and national outcomes and the eight local priorities and is based on the data from a full Strategic Needs Assessment.
- The Delivery Plan through which the vision will be delivered.
- The two Annual Performance Reports (2016-17; 2017-18) which outline the progress of the Transforming Care Programme and the Partnership's performance against the 9 National Outcomes.

Within the Strategic Plan the high level strategic priorities, expressed as a series of “we will” statements are:

- Further develop systems to enable front line staff to access and share information.
- Support more co-location of staff from across professions and organisations.
- Develop single care pathways.
- Further develop anticipatory and planned care services.
- Provide more single points of entry to services.
- Deliver the Stirling Health & Care Village.
- Develop seven day access to appropriate services.
- Take further steps to reduce the number of unplanned admissions to hospital and acute services.

These priorities which effectively reflect the challenges for Stirling adult social care services were agreed upon after extensive consultation with stakeholders including service users and carers. The

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strategic plan identifies the locality approach with Stirling City and Rural Stirling, the two locality areas within Stirling Council. The Transforming Care: Core Delivery Priorities 2017/19 are:

- Models of Neighbourhood Care.
- Intermediate care, day support and care homes.
- High health gains.
- Learning Disability and Mental Health.
- Stirling Health & Care Village.
- Delayed Discharge.

Together these priorities form the Transforming Care Programme – that is, the areas of service delivery which will be developed and delivered in an integrated way. All Transforming Care Priorities are monitored through the Joint Management Team which sits under the Integration Joint Board (IJB) and has Service Managers and leads from the NHS, local authorities and the Health and Social Care Partnership working collaboratively to deliver these priorities ensuring high level change becomes operational.

## Stirling Health and Care Village

The Stirling Health & Care Village has been constructed in the grounds of Stirling Community Hospital. This £37m development is a joint venture between the Health and Social Care Partnership, Scottish Ambulance Service and Forth Valley College, funded via Scottish Futures Trust. This development will transform the way services are delivered for citizens, bringing a range of health, social care, training and GP services together in one location.

The development includes the construction of The Bellfield Centre – a new purpose-built facility for older people requiring additional short-term care, an assessment or rehabilitation following an illness, surgery or an acute hospital admission. The services are often referred to as intermediate care. It will also provide support for people living with dementia and those who need palliative or end of life care. Services will be provided in a comfortable, homely environment to help older people recover, regain their independence and, where possible, return to their own homes. The Bellfield Centre will have the capacity to support 116 people. It will replace services currently provided in a number of older inpatient wards at Stirling Community Hospital and two local care homes (Allan Lodge and Beech Gardens) which will transfer to the new facility by December 2018.

A new GP & Minor Injuries Centre is also being developed to house a number of existing health services on the community hospital site. These include Minor Injuries Services, X-ray facilities and GP out-of-hours services along with primary care services provided by the Viewfield, Park Avenue, and Park Terrace Practices. In addition, the Scottish Ambulance Service will relocate their existing ambulance station and vehicle workshop in the Riverside area of Stirling to a new facility on the Stirling Health and Care Village site. Other facilities include a café, hairdresser, landscaped areas and an information area which can be used by local community groups and volunteers.

The majority of the new facilities are expected to be operational by autumn 2018. Final building works, roads and car parking are expected to be completed by autumn 2019.

### Models of Neighbourhood Care

The Neighbourhood Care Team is being developed in rural South West Stirling in order to provide a person centred, community facing integrated team to assess, provide treatment and care and support adults to remain living well in their own homes and communities. This team is being developed in line with the Buurtzorg principles developed in the Netherlands and being adapted to support services across Scotland.

The Integration Joint Board agreed the Business Plan for the Buurtzorg pilot in June 2017 following discussion and consultation with local people. This pilot is one of several in Scotland to implement the principles of Buurtzorg or neighbourhood care with a focus on putting the person at the centre; the model emphasises the importance of informal networks not just formal services; reduced bureaucracy for teams and an outward community front facing focus.

These principles are:

- Putting the person at the centre of holistic care.
- Building relationships with people to make informed decisions about their own care, which promotes wellbeing and independence with active involvement of family, neighbours and the wider community, where appropriate.
- Everyone, including support functions, enabling person-centred care at the point of delivery.
- Small self-organising, geographical-based teams.
- Professional autonomy.

Bringing health and social care staff together within front facing community teams meets the strategic vision of the Health and Social Care Partnership to co-locate staff and develop locality based models of care. A governance model of implementation involving a local community reference group has been established.

Staff from district nursing, reablement and adult social care have been meeting together in 2018 with a series of sessions to develop the function and purpose of the team with operational go live planned for September 2018. Consideration has been given to pathways, referrals, systems, information sharing and joined-up processes to optimise the work of the team. Existing process documentation have also been refreshed across nursing, adult social care and reablement teams to inform the development of new joint referral processes.

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## Implementation of the Carers (Scotland) Act 2016

In preparation for the Carers (Scotland) Act 2016 coming into effect on 1st April 2018 there has been work undertaken at both the strategic and operational levels of the service. A needs assessment was completed for unpaid carers and an unpaid Carers Strategy will be updated to reflect the Act. Sessions with carers to seek their views took place at the end of 2017 and their views and priorities were collated.

Operational guidance for staff working with adult carers is being developed covering aspects of the identification of carers, adult carer support planning and access to services.

Separate operational guidance has been produced for young carers. A young carer means a carer who is under 18 years old, or has attained the age of 18 years. The guidance covers aspects of the identification of carers, adult carer support planning and access to services.

## Dementia Friendly Stirling and Service Redesign

In June 2017 the Scottish Government published Scotland's third National Dementia Strategy. This strategy underlined the importance of timely, accessible and person-centred care for people with dementia to enable people to live well with dementia and to achieve their personal goals. The strategy estimates that by 2020 there will be approximately 20,000 new cases of dementia each year in Scotland. Across the Forth Valley area there are currently 4700 people with dementia, 500 of whom have a package of care. We currently support 337 people with dementia with packages of care in the community and support a further 150 people with dementia in long term care. The strategy also highlighted the importance of supports, environments and activities that support the person with dementia to stay supported in their own community with as little disruption as possible.

One of the national commitments involves supporting dementia friendly communities, redesigning transport to be dementia friendly and supporting dementia befriending programmes.

Dementia Friendly Stirling has been active as a multi-agency partnership for several years promoting and co-ordinating dementia friendly activities. The group has an overview of dementia services, supports the neighbourhood research at the University of Stirling which aims to help people with dementia feel involved and active in their own communities; links in with dementia friendly walks supported by Active Stirling; was involved in ensuring the redesign of Kings Park is dementia friendly and has been involved in trying to promote dementia friendly activity in Rural South West Stirling.

All service provision for adults sits within the Health and Social Care Partnership, however there is wider work across Stirling Council as an organisation to raise awareness and embed a dementia

friendly approach in our front facing buildings and services. In addition to the work within Dementia Friendly Stirling wider work has been taking place to redesign dementia services. The vision is of an effective system of care from clinical to community service provision and it is anticipated that further work will take place in 2018. Stirling dementia activity will link with the wider Forth Valley dementia developments following a successful event in January 2018. This work will sit under the Health and Social Care Partnership with links to community based developments.

### Transfer of Operational Management for Adult Social Care Services

Adult Social Care for Stirling sits within the scope of the Clackmannanshire and Stirling Health and Social Care Partnership. The Partnership was formally established in April 2016 and is comprised of Clackmannanshire Council, Stirling Council, and NHS Forth Valley. In order for the Partnership to fulfil its functions, work is in progress to fully integrate the relevant Adult services. The Partnership is responsible for overseeing the planning, management and delivery of relevant health and social care services. A Chief Officer has been appointed who work closely with health and council staff including the Chief Social Work Officer to develop the Partnership and ensure the integration of services is fully realised.

The Partnership has identified high-level strategic priorities, which are outlined below. The strategic developments are directly linked to the priorities and actions of the Health and Social Care Partnership as outlined by the Partnership's Strategic Plan and Delivery Plan. Health and social care organisations already work well together and there are many successful examples of joint working which are being built on within the Partnership. This ensures that the individual needs of all service users, including their families, can be met and that the delivery of services is tailored for those needs.

There are a number of forums whereby service users and carers are involved in direct feedback on service developments. In particular, there is direct service user and carer representation on the Strategic Planning Group and on the Integration Joint Board. Service users, carers and the public meet and are involved in any developments in Health and Social Care at the Public Partnership Forums which meet on a quarterly basis. Specific work streams or service user and carer involvement are organised in respect of specific developments such as the Stirling Health and Care Village and the Models of Neighbourhood Care. In addition regular forums with Providers of Care at Home and Care Homes take place across the Partnership.

Significant progress is being made towards the full integration of health and social care services within the Partnership during 2017-18. In October 2017 the Council agreed to support the transition of the management of Adult Social Care services to the Partnership by the autumn of 2018.

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The Clackmannanshire and Stirling Health and Social Care Partnership Strategic Plan 2016-2019 sets out the 'Case for Change' and the priorities for the Partnership. The eight priorities and the actions were developed following a period of extensive consultation and engagement across all services, partners and communities. The high level priorities, expressed as a series of 'we will' statements, in the Strategic Plan are as follows. We will:

- Further develop systems to enable front line staff to access and share information
- Support more co-location of staff from across professions and organisations
- Develop single care pathways
- Further develop anticipatory and planned care services
- Provide more single points of entry to services
- Deliver the Stirling Care Village
- Develop seven day access to appropriate services
- Take further steps to reduce the number of unplanned admission to hospital and acute services.

The operational transfer of the management of all Adult Social Care services to the Partnership is due to be completed by autumn 2018. Adult Social Care services under the Partnership cover a range of services falling under assessment, care management and care provision to adults. From October 2017, a Transitions Board and operational group was established to look at getting services into the best shape possible to transfer operational management, including a review of all policies and procedures; equipment and adaptation improvement work; and the implementation of self-directed support.

## Learning Disability and Mental Health

The Learning Disability Service and Community Adult Mental Health Services are integrated across the Clackmannanshire and Stirling Health and Social Care Partnership area covering both social care and health services. These services offer a range of assessment, support and intervention services.

During 2016/17 a baseline and number of priorities for Transforming Care were established and through 2017/18 there has been a focus on delivering these across three key areas: Learning Disability Redesign, Mental Health Redesign, and Self Directed Support.

The redesigns of both Learning Disability and Mental Health have common strategic and operational priorities of:

- Efficient management structures that are cost effective.
- Consistent approach to service and workforce planning.
- Consistent approach to service delivery and agreed priorities.
- Cost effective single management system providing consistency of approach to service delivery.
- Single door access to services across health & social care and reduction in duplication of task such as information giving.
- Consistency of approach across health and social care professionals and the development of an integrated single care pathway.

These are being achieved through a redesign of the management structure across health and social care services, including: the community outreach service; the development of an integrated and co-located operational service combining Social Work, Community Nursing and Allied Health professionals managed by a single manager; and the development and implementation of a Partnership Commissioning Plan (3 year plan) for residential day and home care services that focuses on the creation of alternative services to long term hospital care, external high cost residential care and the development of supported living opportunities, care and home and day services. The Learning Disabilities Service is undertaking a redesign of in-house day services and day support provided by the constituent services. It will move to a service that reflects the outcomes and ambitions of service users and operates 7 days a week and in the evening. This moves away from traditional building-based services by developing community-based alternatives relating to employment, leisure and recreation, and education.

Self-directed Support (SDS) was previously managed separately by Stirling Council and Clackmannanshire Council; however this has now been progressed jointly with the formation of a combined Project Board in October 2017. The Project Board reports to the Integration Joint Board and associated Joint Management Team. The implementation of SDS has enabled some significant steps to be made throughout this year and opportunities to accelerate this progress are being actively pursued. The successful implementation of SDS requires a shift in operational practice to involve more personalised services rather than 'time and task' based services that have been historically provided. To support the shift in operational practice, there have been revisions to the Assessment tool, using 'Talking Point' outcomes and prompts to aid 'good conversations'. A new Support Plan, which captures these outcomes and the support and interventions which meet those outcomes, has been developed along with a Review tool, which once again uses 'Talking Point' outcomes. These are being implemented during the 2018 calendar year.

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## 2.6 CRIMINAL JUSTICE

The Safer Reducing Offending Board (SROB) in Stirling has responsibility to deliver Community Justice by providing strategic leadership and accountability across a range of statutory partners, linking with local communities, the third sector, victims and those who are involved in offending behaviour. The national strategy is underpinned by a vision for Scotland as a safer, fairer and more inclusive nation where we:

- Prevent and reduce further offending by addressing its underlying causes.
- Safely and effectively manage and support those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all citizens.

This vision will be achieved through: decisively shifting the balance between community and custodial sentences by increasing the use of community based interventions; reducing the use of short term custodial sentence; and improving the reintegration from custody to community.

The Community Justice Outcome Improvement Plan (CJOIP) identifies key actions for the delivery of national outcomes and local priorities to demonstrate progress against the strategy for the SROB. The first version was developed in 2017/18 with a refreshed version for 2018-21 having just been completed. This outlines how all partner agencies will play an important role in the delivery of key outcomes and priorities identified in the CJOIP.

The four key priorities contained within the CJOIP are expressed as a series of “We will” statements are:

- Focus on the needs of women who are supported and managed within the community justice system.
- Ensure that we support and develop an individual’s readiness for work and their ability to sustain employment through unpaid work and participation opportunities for offenders and those at risk of offending.
- Focus on tackling substance misuse and support broader health and well-being initiatives among those who are supported and managed by the community justice system.
- Undertake a multi-agency programme of communication and engagement so we can jointly commission and deliver services for the benefit of communities, and particularly those communities most at risk of crime.





The CJOIP 2018/19 outlines key linked areas of activity:

- Enhancement of partnership working
- Improvement of effective interventions
- Implementation of Community Justice communications strategy.

A number of developments have been taken forward to achieve the outcomes and goals within the CJOIP and these include. For example, a social worker has been recruited to improve how we respond to the recognised needs of women offenders. This has improved the quality of support to Court processes, providing supervision in community settings, and setting up of a support group for women offenders. There has been good feedback on all aspects of this work with the support group being particularly praised for the range of innovative projects and supports provided.

We have developed close working partnerships with Stirling Community Enterprise to provide additional support with education, training and employment to service users who are subject to community orders. This is realising positive outcomes with respect to the training that is completed and employment being secured.

Stronger links and collaborative working between colleagues in Children & Families and Criminal Justice have looked at service delivery, development and planning. This has identified tangible benefits to ensure the welfare of children and their families. A key example was an identified gap in the provision of family support work for families affected by offending behaviour that has now been resourced. A criminal justice social worker has also been deployed to work with the Throughcare & Aftercare team to provide additional specialist knowledge working with our older young people who are leaving care and have involvement in the justice system.

The Caledonian System which works with men who have been convicted of domestic abuse to reduce reoffending which is now being rolled out nationally has been in place within Stirling for a number of years. This has been working to help men recognise their abuse and take more personal responsibility for this.

Our approach to evidencing the progress of our service users through their journey with justice services has been reviewed and enhanced. This has led to the implementation of a tool to measure and support change that demonstrates the impact and improvements that have been achieved. Initial training and a pilot have been successfully completed and this is being rolled out more widely over the coming year.

There has been a whole systems approach working with partner agencies which has focused on early intervention to minimise the number of young people who are entering the Criminal Justice System. This has had positive impacts with a reduction in the number of young people who have had custodial sentences at HMYOI Polmont with a move to community based disposals.

### 3. Partnership Working – Governance and Accountability Arrangements

# 3

#### 3.1 GOVERNANCE ARRANGEMENTS

Strong governance arrangements are critical to the delivery of high quality services that are responsive and best meet the needs of our service users. They require the input and buy-in from all staff regardless of the nature of their role from front line operational staff through management teams and up to the various corporate boards. These help define and manage the activities that are implemented organizationally and individually to achieve improved outcomes for all of our service users.

The role of Chief Social Work Officer (CSWO) is undertaken by the Senior Manager for Children & Families / Criminal Justice and reports to the Chief Executive (Interim) of Stirling Council. The direct reports of the CSWO are Service Managers for Children & Families Fieldwork, Vulnerable Children, Additional Support Needs & Wellbeing, and Safer Reducing Offending. Adult social services were the responsibility of the Senior Manager for Communities & People whose direct reports include Service Managers for Adult Assessment & Partnership and Housing Augmented Care & Support. In autumn 2018 responsibility for adult social care services transferred to the Clackmannanshire and Stirling Health and Social Care Partnership. The CSWO sits on the Integration Joint Board, is co- Chair of the integrated Clinical and Care Governance Group, attends the Strategic Planning Group and has a professional line of sight on the delivery of adult social services through membership of the Leadership Group for the Partnership.

The Health and Social Care Joint Management Structure provides a consistent and shared approach to the vision for the delivery of services to adults across the Partnership area. These structural arrangements support improved thematic working with close ties for the Health and Social care Partnership with colleagues in Housing. Similarly, there are thematic advantages for Children & Families with the co-location of the Senior Management team and equivalent colleagues from the Schools, Learning & Education.

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of all staff – built upon partnership and collaboration within teams and between health and social care professionals and managers.



The Clinical and Care Governance Framework approved by the Clackmannanshire and Stirling Integration Joint Board in March 2016 sets out the structures and processes to provide assurance to the Integration Joint Board, Health Board and local authorities – whilst at the same time empowering clinical and care staff to contribute to the improvement of quality – making sure that there is a strong voice of the people and communities who use services, their unpaid carers and their families. The quality of care provided is overseen by a Clinical and Care Governance Group, co chaired by Stirling's CSWO and the Medical Director of NHS Forth Valley. This group provides assurance to the Integration Joint Board that services are delivered in a safe and effective way.

The Chief Social Work Officer has a strategic role within Stirling Council and is a member of the Council's Corporate Management Team providing an overview of the role and function of the social services teams and ensuring that their interests are represented within the corporate governance forum.

Governance is provided via Stirling Council's committee structure except for the functions delegated to Clackmannanshire & Stirling Integration Joint Board as set out in the Integration Scheme. Reporting of key performance indicators including supporting information on resources, staffing, outputs and outcomes is submitted to the Children & Young People committee in line with the Council's Scheme of Delegation.

The committee structure within Stirling Council has changed so it is more aligned with our transformational agenda. The previous Social Care & Health Committee has been replaced by a Children & Young People Committee and an Adult Social Care Panel. The Children & Young People Committee is responsible for providing oversight of the work that is undertaken by Children & Families and Schools, Learning & Education which helps to support more holistic and collaborative working between the services and Elected Members. The Adult Social Care Panel aligns the work of adult social services more closely with that of the Health & Social Care Partnership providing appropriate governance and oversight in this area.



# 3

## 3.2 COMMUNITY PLANNING PARTNERSHIP

The Stirling Community Planning Partnership is formed by representatives from key agencies and organisations from the public, community, voluntary and private sector which are active in the Stirling area. The vision of the partnership is to 'work together to provide a good quality of life for all our citizens and communities' and this is expressed through the Stirling Plan.

The following is a summary of governance arrangements within the CPP outlining how they relate to social services functions:

### Children & Families

The strategic direction for Children & Families is defined within the Stirling Children's Services Plan 2017 – 2020 that was developed during 2016/17. This was developed in response to the Children and Young People (Scotland) Act 2014 establishing the strategic direction and a framework for children's and related services in Stirling to safeguard, support and promote the wellbeing of our children and young people.

The Stirling Strategic Planning Group for Children is responsible for the delivery of the outcomes and improvement plans outlined in the Stirling Children's Service Plan 2017 – 2020. The group is chaired by the Chief Social Work Officer with the vice chairs being the General Manager, NHS Forth Valley – Community Services Directorate and the Chief Education Officer, Stirling Council. Core membership of the group includes representatives from Schools, Learning and Education, Stirling Council; Children and Families, Stirling Council; NHS Forth Valley, Community Services Directorate; NHS Forth Valley, Public Health; Police Scotland; Scottish Fire and Rescue Service; the Children's Reporter; and the third sector.

### Adult Social Services and Health & Social Care Integration

The strategic developments are directly linked to the priorities and actions of the Health and Social Care Partnership as outlined in the Partnership's Strategic Plan and Delivery Plan. The partnership includes Stirling Council, Clackmannanshire Council and NHS Forth Valley. The individual needs of service users are met with appropriately tailored service delivery with many examples of successful joint working across the partnership.

The Clackmannanshire and Stirling Integration Joint Board is responsible for overseeing the planning, management and delivery of relevant health and social care services. The Chief Officer works closely with health and council staff including the Chief Social Work Officer to develop the Partnerships and direct all the delegated services.

There is direct service user and carer representation on the Health and Social Care Strategic Planning Group and on the Integration Joint Board. Service users, carers and the public meet and are involved in any developments in Health and Social Care at the Public

Partnership Forums which meet on a quarterly basis.

Carers organisations also have a carers forum where organisations can discuss updates and receive direct feedback from carers. Carers organisations have also been directly involved in developing the implementation of the Carers Act.

## Criminal Justice

The governance arrangements for Criminal Justice Social Work are managed through the multi-agency partnership Safer Reducing Offending Board, which reports annually to Community Justice Scotland. Within the Council, governance is provided by the Stirling Council Committee structure, with performance updates being provided alongside other agreed Social Work performance reporting.

The Community Justice (Scotland) Act 2016 places a legal duty on a range of statutory partners to work collaboratively to deliver community justice outcomes, and on local community planning partnerships playing a crucial role in facilitating the delivery of these outcomes. A revised 'Reducing Offending in Stirling' Community Justice Outcome Improvement Plan has been developed for 2018-21 which has built on and refined the previous plan.

With regards to the Multi Agency Public Protection Arrangements (MAPPA), there is a Forth Valley wide Chief Officers Group (COG). This forum helps to bring together good practice across the partner agencies as well as the three different local authorities based within the local area: Stirling, Falkirk and Clackmannanshire. The reporting that is submitted to the MAPPA SOG, provides a quality assurance framework and a forum for undertaking specific Initial Case Reviews (ICR), and if required, Significant Case Reviews (SCR), where these are warranted by any concerns raised.

# 3

## Learning Disability & Mental Health

The management of the Learning Disability and Mental Health services was delegated to Clackmannanshire Council subject to a partnership between Clackmannanshire and Stirling Councils. This was formally transferred to the Clackmannanshire and Stirling Health and Social Care Partnership during January 2017.

Governance is via the Integration Joint Board (IJB) and the operational Joint Management Team. Engagement with the communities is developed via the bi-monthly Strategic Planning Group. Both services are subject to a formal review process during the period 2017/19 reporting to the IJB. The focal point of the reviews being as follows:

- Service Planning
- Transitions
- Day Services
- Community Support
- Operational Assessment & Care Management (includes SDS & Telecare)
- Commissioning
- Workforce Planning

## Chief Officers Group (Public Protection)

The Chief Officers Group (COG) is the high-level strategic group across Stirling Council and Clackmannanshire Council that oversees all areas associated with public protection and reports to each Council's Community Planning Partnership. The membership of the COG includes the Chief Executives of Stirling Council, Clackmannanshire Council and NHS Forth Valley, and the Chief Superintendent of Police Scotland.

The COG provides oversight and scrutiny for a number of groups including the Child Protection Committee; the Adult Support and Protection Committee; the Alcohol and Drug Partnership; the strategic arrangements with respect to gender based violence; and the Multi Agency Public Protection Arrangements (MAPPA). The COG provides governance, leadership and engages in discussion around strategy and innovation with respect to these.

Through this group we have acknowledged that the dimensions of public protection are changing and that we are alert to how this will impact on operational service delivery. Key areas of concern that are being focused on relate to the financial harm and deceiving of vulnerable adults, child sexual exploitation, and the shift in balance from custodial sentences to community based sentences.

## Child Protection Committee

The Clackmannanshire & Stirling Child Protection Committee is the multi-agency forum that is responsible for the development, co-ordination, and review of child protection policies and processes across both Council areas. The committee has representation from Stirling Council, Clackmannanshire Council, NHS Forth Valley, Police Scotland and third sector organisations. The key areas of responsibility are defined in the National Guidance for Child Protection in Scotland 2014 as:

- Policies, procedures and protocols
- Self-evaluation, performance management and quality assurance
- Promoting good practice
- Training and staff development
- Strategic planning
- Public information and communication.

The Child Protection Committee has led on a number of important improvements this year including:

- Information and awareness raising amongst its members on the National Framework for Missing Persons in Scotland launched in May 2017, and the Scottish Government Trafficking and Exploitation Strategy launched in June 2017.
- Developed a multi-agency Action Plan in response to the joint Child Protection Committee and Alcohol and Drugs Partnership Multi-agency Audit relating to Children affected by Parental Substance Misuse undertaken in 2016/17.
- Contributed to the development of multi-agency performance management information and is in the process of developing a revised performance management information framework.
- Collated, considered and disseminated information in a local context from a range of sources including the Scottish Government Child Protection Improvement Programme, Forth Valley Child Sexual Exploitation Project Board.
- Promoted and delivered a range of multi-agency child protection training including child sexual exploitation; children affected by parental substance misuse, domestic abuse and adult mental health issues; child protection and children's rights; child protection and children affected by disability; and regular Child Protection Practitioner Forums. It also supports the public protection training Keeping People Safe in Forth Valley which considers child protection alongside adult protection, substance misuse, gender based violence and MAPPA.
- Contributed to and promoted national public awareness campaigns including Anti- Bullying week, November, 2017; Safer Internet Day, February 2018; National Child Sexual Exploitation Awareness Day, March 2018; and Sixteen Days of Action to End Violence against Women, November-December 2017.

Throughout this the Child Protection Committee has sought to actively involve children and young people. The Lead Officer Child Protection is working with the Children's Rights Officer to consult with children and young people during the Year of Young People, 2018.



# 3

## Adult Support and Protection Committee

The Clackmannanshire and Stirling Adult Support and Protection Committee is a statutory forum under the Adult Support and Protection (Scotland) Act, 2007. This Committee is independently chaired and has a strategic role in overseeing Adult Support and Protection arrangements in Clackmannanshire and Stirling. It has a multi-agency approach with representation from senior officers from Stirling Council, Clackmannanshire Council, the Health and Social Care Partnership, Police Scotland, NHS Forth Valley, Scottish Fire and Rescue Service, the Care Inspectorate, and third sector organisations.

The duties of the Committee include activities which are consolidated within its strategic plan and are focused upon the following areas:

- Continuous Improvement.
- Improved Support for Service Users and their Families.
- Improving Skills and Knowledge.
- Widening the Horizon – better Integration throughout Public Protection.
- Improving Public Awareness.

There are 44 actions in the biennial strategic plan associated with the above strategies which are nearing completion and a refreshed plan is currently under development. In support of the delivery of the strategic plan, a number of working groups were developed to take forward actions whilst identifying and responding to emerging issues. These were:

- Forth Valley Financial Harm Group (collaboratively with Falkirk Adult Protection Committee).
- Local Operational Group.
- Learning and Development Group.
- Practitioners Forum.

The Committee has also been actively promoting partnership working. There are two facets to this namely internally within the Council and externally with partner organisations. Therefore there is collaboration over a wide spectrum of our services to identify training needs and deliver training, often jointly, ensuring that our staff skills base is at optimum levels. This process is one of the initiatives formalised through our Public Protection Leads Forum which consists of representation from the Health and Social Care Partnership, NHS Forth Valley, Child Care, MAPPA, ADP, VAW and Police Scotland.





High level achievements during the year include:

- Adult Protection Conference - The conference was held on 22nd November, 2017 within Stirling Community Hospital with the theme being “Balancing Rights and Risks” with a particular focus upon listening and engaging within practice dilemmas.
- Service User Seminar - The seminar was held on 15th November, 2017 in Council Chambers, Kilncraigs, Alloa with the theme being “Working Together to Protect You from Financial Harm” and the delegates included service users and practitioners.
- Development of a Thresholds Matrix, this matrix provided clarity and produced consistency in reporting adult protection incidents from Care Providers. It provided a framework for identifying priorities enabling us to use resources most effectively to deliver proportionate care and support for adults at risk of harm.
- Development of Self-Assessment Framework - The framework provides opportunities to reflect upon the effectiveness of work and identifies learning through monthly audit activity.
- This informs practice improvements which is delivered through 7 minute briefing processes and/or revision of practice and procedures. Uniquely the framework includes Service User Surveys which are progressed by Forth Valley Advocacy Service to provide anonymised feedback of the quality of services provided to service users.
- Undertaking a Large Scale Investigation – there was collaborative work with the NHS, Care Inspectorate and Forth Valley Advocacy investigating adult protection concerns within one care home in Stirling. Working closely with the Care Provider the levels of care and support to residents has been transformed.
- Development of the Keep Safe Scheme - Stirling Council has been active with the implementation of the Keep Safe Scheme. This scheme aims to provide a safe environment for vulnerable people by giving them access to a safe place within the community should they require help. The scheme is designed to benefit older people, people with mental health issues or a disability or anyone who may feel vulnerable when going out in the community.



# 3

## Alcohol and Drug Partnership

The Alcohol and Drug Partnership (ADP) is a multi-agency partnership established to implement and respond to the national strategies on alcohol, drugs and tobacco. Membership comprises of Lead Officers and Advisors from the appropriate statutory and voluntary bodies from across the local area.

The ADP currently works to a three year Delivery Plan that links to the Stirling Plan, the Strategic Plan for the Health and Social Care Partnership and other strategies such as the Community Justice Outcome Plan. The ADP is represented on all of the Public Protection strategic groups due to the cross cutting nature of the issues.

The overarching aim of the ADP strategy is to create an environment where recovery focused services (both specialist and mainstream) support individuals, families and communities to reduce the impact of alcohol and/or drug misuse. Central to both the ADP strategy and the integrated treatment system that operates locally, the ADP has a strong relationship with the third sector.

The ADP is tasked with implementing a number of ministerial priorities as well as several local strategic priorities. These can be summarized as follows:

- Recovery.
- Workforce development.
- Children and families affected by substance misuse.
- Early intervention and prevention.
- Quality and efficient services.
- Community safety.
- Licensing.

The ADP operates a Quality Improvement Framework Board (QIFB) and an Integrated Clinical Governance Group (ICG) to oversee quality and governance issues pertaining to substance use services. Both of these groups operate multi-agency work plans and included within these are the recommendations made by the Care Inspectorate. The ADP operates a continued cycle of both internal and external evaluation to assess the effectiveness of local service provision. An example of this is the recent self-assessment of compliance with the National Quality Principles to provide assurance that service users are treated with dignity and respect, are seen quickly, and that they are involved with service developments and improvements.

The ADP has implemented a number of service developments and improvements that are detailed in full within the ADP's annual report. Some notable examples of this include:

- Development of an Impact of Parental Substance Use Assessment Tool (IPSU) that will enable practitioners from both adult and children's services to comprehensively assess the impact that alcohol and / or drugs has on an individual's parenting capacity.
- Review of existing and development of new Referral Pathways for client groups including the under 5s and vulnerable adults.
- Ongoing review of drug related deaths for learning points and relevant service developments. This has led to improvements such as changes to Housing Policy in relation to identifying vulnerable people at an earlier stage and assertively linking them with support as appropriate.
- In response to an increase in drug related deaths within the Stirling area there has been ongoing reviews for learning points and relevant service developments. As in previous years this has been done through the commissioning of external research. A conference was also held in November 2017 involving both local and national partners with a focus on developing ideas that can prevent and reduce drug related deaths locally. These initiatives have led to improvements such as changes to Housing Policy in relation to identifying vulnerable people at an earlier stage and assertively linking them with support as appropriate.
- An Alcohol Related Brain Injury (ARBI) team has been set up which has received a high number of referrals for specialist support that is provided by this multi- disciplinary team.

### Multi-Agency Public Protection Arrangements (MAPPA)

MAPPA brings together the expertise and resources of key agencies to develop and deliver plans to protect the public from being harmed by sexual and violent offenders, including mentally disordered restricted patients. Multi Agency Public Protection Arrangements (MAPPA), were introduced in 2007 under the requirements of The Management of Offenders (Scotland) Act 2005, Sections 10 and 11, and are delivered under National Guidance which was revised in 2016.

This places a duty on Scottish local authorities, the police, prisons and health to establish joint arrangements for the assessment and management of risk posed by these offenders. The strategic planning and operational governance of MAPPA is at a Forth Valley level through the Forth Valley MAPPA Strategic Oversight Group. Ongoing training and support is provided via MAPPA for all partners highlighting learning at a national and local level.

# 3

Through-out 2017/18, there has been a significant amount of review and development that has been undertaken by MAPPA across Forth Valley. Full details of this can be found in the Forth Valley MAPPA Annual Report 2017-18, however, some key areas to highlight include:

- Development of the Forth Valley MAPPA Business Plan 2018-21.
- Replacement of the existing four subgroups of accommodation, development, health and practice standards with a single MAPPA Operational Group.
- Appointment of an independent chair for the Forth Valley MAPPA Strategic Oversight Group.
- Delivery of the training programme.
- Implementation of the new National Accommodation Strategy for specific MAPPA offenders and the Stirling Gender Based Violence Partnership.

Stirling Gender Based Violence (GBV) Partnership is the delivery vehicle for implementing Equally Safe at a local strategic level. Equally Safe is Scotland's strategy for preventing and eradicating violent and abusive behaviour carried out predominately by men and directed at women and children, commonly referred to as gender-based violence. This includes domestic abuse, sexual assault, child sexual exploitation and abuse, commercial sexual exploitation (e.g. prostitution, trafficking and lap-dancing), sexual harassment and intimidation, and so called 'honour based' violence, such as forced and child marriage and female gender mutilation (FGM). Stirling GBV recognise that men can also be victims of violent and abusive behaviour by women, and that it can occur in same sex relationships. The Partnership strongly condemn this and recognise that men are also entitled to support, protection and justice.

In July and August, 2017 the Improvement Service supported the partnership in undertaking a self-assessment, to develop an improvement plan. This informed the Partnership's priorities and work plan for the year. The Partnership work plan is primarily focused on stopping male violence against women and children as national and local statistics consistently show the overwhelming majority of victims of the above types of abuse and violence to be female, and the perpetrator male.

The Stirling Schools Gender Based Violence Network was created in September 2017 to develop local actions to support the national actions in Equally Safe Delivery Plan.

These focused on promoting positive gender roles; enabling children and young people to develop an understanding of safe, positive relationships from an early age; and enabling individuals and communities to challenge violent and abusive behaviour.

As part of 16 Days of Action in November 2017, children and young people in Stirling took part in a Young People's Conference about Consent, which informed practitioners of the gaps in young people's understanding.

A number of initiatives and improvements have been progressed including:

- Supporting people with learning disabilities who have experienced or who are at risk of abuse.
- A holistic rural outreach programme to prevent re-victimisation of people who have experienced domestic abuse.
- Awareness raising of commercial sexual exploitation and prostitution through an exhibition at the Pathfoot Gallery in Stirling University of resources that included recorded conversations and digital photographs to provide compelling insight.
- A review of the Multi-Agency Risk Assessment Conference processes to improve the management of risks faced by those who have experienced domestic abuse.
- Contributed to the development of the Forth Valley Multi-Agency Guidance on Human Trafficking and helped to host a conference on stopping human trafficking.
- A number of multi-agency engagement and consultation events were held to ensure that comprehensive and informed comments were gathered from local stakeholders to influence the following national plans, guidance and legislative provision that frame our ability at a local level to keep women and children safe from GBV:
  - Equally Safe Delivery Plan
  - Equally Safe Quality Standards and Performance Framework
  - Lord Bracadale's review of Hate Crime
  - Scottish Government's consultation on the provisions for the licensing of Sexual Entertainment Venues (SEV's)
- Staff development, training and awareness raising throughout the year with particular emphasis during the 16 Days of Action campaign period in November and December 2017. This included topics such domestic abuse training for social work, housing and enforcement staff; a MAPPA seminar on assessing and managing internet sex offenders; an input to teaching staff on Getting it Right for Girls; and a Reclaim the Night event.

## 4. SOCIAL SERVICES DELIVERY LANDSCAPE

# 4

### 4.1 CONTEXT

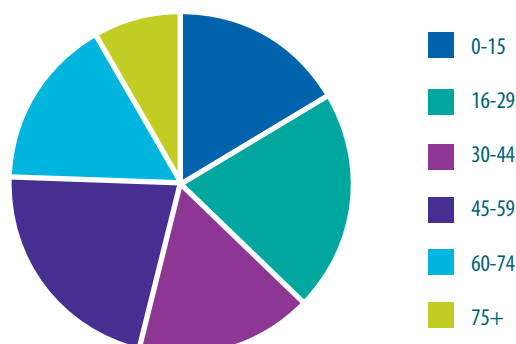
Stirling Council covers an area of over 2,100 square kilometres which reaches from the shores of Loch Lomond in the west, over to the former mining villages of Cowie, Fallin and Plean in the east, and up to the villages of Tyndrum and Killin in the north. The population of the Stirling area in 2017 was approximately 94,000 which represents a small increase of 0.3% on the population in 2016. This was as a result of a positive net migration into the area from within Scotland and across the UK. Over the 10 year period since 2007, the population for Stirling has increased 6.3% which is above the national rate for Scotland of 5.1%. The population density for Stirling is 43 people per square kilometre which is below the Scottish average of 70.

The median age for Stirling, at which half of the population is older and half are younger, is 41 which is the same as for Scotland as a whole. Typically, urban populations tend to have a younger median age where it can be as low as 35 whereas rural populations tend to have an older median age which can be as high as 48.

The following provides a summary breakdown of the population of Stirling by age group and gender:

Age group	Male pop. Stirling	Female pop. Stirling	Total pop. of Stirling	% of total pop. of Stirling
0-15	7,902	7,591	15,493	16.5%
16-29	9,555	10,039	19,594	20.9%
30-44	7,304	8,124	15,428	16.5%
45-59	9,887	10,551	20,438	21.8%
60-74	7,231	7,792	15,023	16.0%
75+	3,202	4,572	7,774	8.3%
<b>All ages</b>	<b>45,081</b>	<b>48,669</b>	<b>93,750</b>	<b>100.0%</b>

Age groups





National Records of Scotland has recently published projections for both population and the numbers of households over the 25 year period from 2014 to 2039. While the projections are based on assumptions relating to previous trends continuing and as such cannot be considered precise they are, nevertheless, a useful indicator on future service demand.

Overall, Stirling's population is projected to increase by 10.7% which is significantly above the national average projection of 6.6% and the main reason for this increase is expected to be due to net migration of people moving to the Stirling area. The breakdown of percentage increase by broad age group from 2014 to 2039 is as follows:

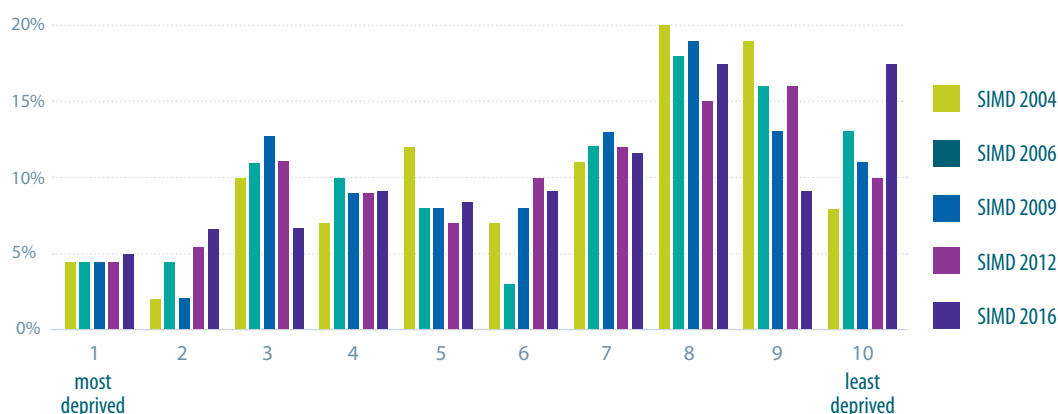
Area	Children (0-15)	Working Ages	Ages 60-74	Ages 75 and over	All Ages
Stirling	4.1%	5.9%	31.6%	89.8%	10.7%
Scotland	1.4%	1.2%	28.3%	85.4%	6.6%

Related to this projected rise in population are the projections for increases in the number of households. For Stirling, this is anticipated to be an increase of 20% from 2014 to 2039 which is significantly above the national average of 14%. It is noteworthy that the projection for the percentage increase in the number of households is much greater than that of population. The main reasons are that: people are living longer; more families are experiencing relationship breakdowns; more single parent households; more people who chose to live alone; and people are having fewer children and at a later age.

The most recent Scottish Index of Multiple Deprivation (SIMD) was published in 2016 and is due to be refreshed in 2018. This measures deprivation across a number of areas such as income, employment, health, education, access, housing and crime. The Stirling Council area is relatively affluent with datazones which tend towards the least deprived end of the SIMD. However, it is important to note that Stirling also has a number of datazones that are amongst the most deprived in Scotland and these tend to be in very close proximity. The contrast of deprivation and affluence presents challenges for service delivery and designing interventions that best meets need in this complex environment.

# 4

The following graph shows the distribution of Stirling datazones across the national deciles for the 5 previous iterations:



In addition to demographic and deprivation information for the general population, we have continued to focus on how service data is collected and used to inform service design and operational delivery across all of social care.

We have built on the previous detailed analysis of the data for our looked after children and those that are in residential care. This has allowed us to compare how we have performed over the last year against data for the previous 10 years and the predictive analysis for what would have happened without strategic intervention. We have also begun the process of detailed caseload analysis of our teams so that we can develop a more in-depth understanding of where the need is and what the nature of that need is. This rich source of information will inform further strategic planning and service redesign based on a 'place-based' approach. It will enable us to target resources most effectively based on our enhanced understanding of need.

We continue to work effectively with partner organisations collaborating on the delivery of our multi-agency Children's Services Plan for 2017 - 2020. Work also continues to deliver the five year strategy for Children & Families. This strategy describes our transformation agenda which builds on a strong evidence-base to deliver on outcomes: to reduce the number of children placed externally; improve the stability of placement experience for children in out of home care; secure improved outcomes in terms of attainment and achievement for LAC children; and reduction of overall costs accrued in the care requirements of our children. Performance against these measures has been refreshed and streamlined with enhanced reporting being shared corporately and with committee.

The demographic data is interrogated by the Information Services Division of the Scottish Government working with the Health and Social Care Partnership to develop and revise the Strategic Needs Assessment – and to inform the areas of demand and service gaps to support strategic planning of health and social care services.





The success of our strategic plans will be enhanced through the effective engagement and working with our partner agencies across the public sector and our third sector partners. The Community Planning Partnership and our various governance groups support us, and are critical, in achieving those successes.

## 4.2 STRATEGIC COMMISSIONING

The delivery of operational services and transformation activities are enhanced through a robust approach to the commissioning of services. The Strategic Commissioning team are closely aligned with the service and support the development of our approaches to market and market testing, commissioning as well as monitoring and review of any services that are required.

Strategic Commissioning also provide crucial advice to the service on re-designing existing services to meet current and future requirements. A range of services are currently commissioned from small to medium-sized third sector providers who are contracted to deliver these directly to the people of Stirling.

Commissioning is conducted in accordance with appropriate legislation in Scotland and in line with best practice requirements. Decisions are being made based on Stirling Council's strategic priorities and Best Value principles. There are a number of historic frameworks used to commission care and support services that provide context for any new local commissioning.

At the end of 2016/17 the service conducted a review of services that are commissioned from a range of third sector providers. The recommendations from these reviews were presented to committee in 2017 agreeing extensions to contracts which would allow appropriate service redesign and robust commissioning of these services as we move into 2018/19.

### Commissioning for Children & Families Social Care

The Strategic Commissioning team, in partnership with the Children & Families service, have supported the national procurement agency – Scotland Excel - in the continuing development of the Residential Education including Short Breaks, Secure Care and the new Fostering and Continuing Care frameworks.

The commissioning strategy for Children & Families is under development aligning to other strategic documents such as the Children's Service Plan 2017-2020 and the Children & Families 5 Year Strategy. The research required to support this strategy has been completed and this will be finalised following completion of the Children's Services Strategic Needs Assessment document that is being developed on a multi- agency basis.



# 4

## Implementation of Self-Directed Support

The implementation of Self-Directed Support (SDS) continues to be an important facet of how we commission services with the implementation programme continuing to make progress.

Within Children's Services this has been taken forward by the Children with Disabilities team with the aim to offer children, young people and their families more choice, achieve outcomes based on the best interests of the young people whilst the service works collaboratively to identify what outcomes will improve the lives of service users. All service users who receive a care package have been given the choice of the four options within SDS. Work has been undertaken to implement changes to the business and finance systems required to support SDS including the creation of an outcomes focused assessment and indicative budget tools. This has been designed with consideration for improving transitions for young people as they move into adulthood and transfer to Adult Services.

### 4.3 STRATEGIC CONTEXT FOR ADULT HEALTH AND SOCIAL CARE SERVICES IN STIRLING

The Clackmannanshire and Stirling Health and Social Care Partnership is responsible for adult social care in the area. The Clackmannanshire and Stirling Health and Social Care Partnership Strategic Plan 2016-2019 sets out the Case for Change and the priorities for the Partnership. The eight priorities and the actions were developed following a period of extensive consultation and engagement across all services, partners and communities.

The challenges identified in the Strategic Plan are:

- Those who use our services are asking us to deliver more integrated care
- More people are living longer, many with a range of conditions and illnesses, therefore demand for existing services is changing
- We need to continuously improve services and contribute to better personal outcomes
- There is an opportunity to make better use of public resources.

The Strategic Plan draws from information in the Strategic Needs Assessment. From this work we know that both Clackmannanshire and Stirling have an ageing population. The number, and proportion, of older adults across Clackmannanshire

and Stirling is projected to double, and our area will have growing numbers of individuals living with long term conditions, multiple conditions and complex needs.

A Market Position Statement (MPS) for 2017-2020 includes market data about existing service providers, numbers of service users and support packages. This was collated from financial returns at Clackmannanshire Council and Stirling Council. The MPS also includes a Market Facilitation Plan which sets out some of the actions taken and to be taken by the Partnership.

#### 4.4 THIRD SECTOR SERVICES

Stirling Council also commission a number of services from the 3rd sector for children, adults and older people. The following table provides a summary of the work that they do:

##### Action in Mind

The provision of support services for people with mental health problems. This includes the Hub Centre which provides a planned programme of social and group services, counselling services, and befriending services for adults and young people.

##### Alzheimer Scotland

Provider of a day care service to people with dementia, as a support for their carers and families which will help service users live a full and positive life within the community. This includes support at the Alva Day Care Centre for people with dementia and providing respite breaks for unpaid carers.

##### Artlink

The provision of support services for people with mental health problems through the delivery of arts skills training to contribute to the "journey towards recovery" approach to services.

##### Barnardos

Provision of a range of services for children and young people who are at risk to improve outcomes in relation to their wellbeing, safety and inclusion within the wider community. This includes early intervention for young people at risk of developing anti-social or offending behaviour, providing support where there is concern that they are at risk of offending or custody, and specialist support where there is a concern over sexually harmful or inappropriate behaviour.

# 4

## Central Advocacy Partners

Provision of a programme of varied activities within the local community for adults with learning disabilities to promote social inclusion and active participation in the community. The activities are designed to support people to engage in local social, healthy living, volunteering and learning activities within their community.

## Food Train

Supports older people to live independently at home and eat well through providing a weekly delivery service of fresh groceries to people experiencing difficulties doing their weekly grocery shopping.

## Homestart

Homestart provides support to families to ensure positive outcomes for children and prevent family breakdown. Volunteers are recruited and trained to offer an informal, friendly, confidential support service. Parents are supported as they grow in confidence, strengthen their relationships with their children and widen links with the local community. Support can be provided through home-visiting, group support and play sessions.

## Let's Make It Better

The provision of training and work experience for people with mental health problems within café, catering service and health eating workshop environments.

## Plus (Forth Valley)

Supports children and young people with disabilities and their families through social inclusion and short breaks to participate in activity sessions. The programme of sessions are planned in consultation with young people and their parents or carers to best meet their needs. This includes the opportunity for one-to-one support.

## Royal Voluntary Service (Forth Valley)

Supports older people to live independently at home and within their community by providing help with small tasks; conducting safe, warm and well checks; maintaining social contact; and small errands such as collecting prescriptions, posting letters or shopping.



### Stirling Carers' Centre

Provides advice, support and information to carers and young carers in the Stirling area. This covers a range of areas including emotional and practical support; referral and signposting; welfare and benefits advice; and promoting public awareness. Stirling Care's Centre also complete carer assessments.

### Town Break

Person-centred support for people with dementia, their carers and families to help them live within their communities. This is achieved through a number of methods including supported lunch clubs, social activities and befriending services to improve the quality of life.

### Who Cares? (Scotland)

The provision of an independent advocacy service that delivers an active voice for looked after and accommodated children and young people. This provides support to resolve concerns they may have in respect of the care services they receive or to provide information about their rights and responsibilities.

### Includem

Provides additional support to social work teams and partner agencies working with young people within community settings to help prevent the need for residential care settings. This includes intensive services to support during crisis or out-of-hours to be meet the needs of individual young people.

### Functional Family Therapy

A specialist approach to work with older young people between of secondary school age and their families on short-term interventions of up to five months. This includes individualised programmes of work that are developed in response to their needs and that involves all family members in the work.

## 5. RESOURCES

# 5

### 5.1 CONTEXT

Increasing demands on services and constrained financial resources continue to create challenges for local authorities and Stirling Council has been impacted by this. The Council has responded to the challenges and has worked hard with partner agencies to minimise their impact through engaging with people across the Stirling area, understanding their needs and priorities and ultimately maintaining a strong financial position. Across social care, a transformational approach has been undertaken that is fundamentally reshaping how services are delivered whilst maintaining good levels of operational service delivery. Central to this is a move towards place-based working where a multi-agency approach is undertaken to meet the specific needs within each of our communities – a positive example of this is the Model of Neighbourhood Care team based in Stirling. Earlier intervention is a key component of this as is a shift away from reactive and onto proactive approaches.

The financial pressures that have been experienced across social services have impacted on different service areas in a variety of ways. Within Children & Families, the most significant financial pressures are associated with the costs of residential placements which are having a significant impact on budgets. There has been a significant amount of work throughout the financial year to review all external residential placements. This is helping to ensure that the placements best meet the needs of young people and, where appropriate, young people have been supported to return to a community based placement. This has allowed us to redirect monies towards preventative measures that will support higher numbers of young people to remain in their communities. There has also been a review of the governance arrangements for decision making around placements and this has led to improvements in the suitability of placements and better supports within communities and families which has helped to reduce the number of young people who are placed in residential establishments. The effectiveness of these approaches is being measured against the 10 year analysis for looked after children that was undertaken in 2016/17 and its statistical predictions for what would happen without strategic intervention.

Another key area of pressure for Children & Families arises as a consequence of the Children and Young People (Scotland) Act 2014 and the increased statutory obligations for provision of support for young people who are preparing to leave care and those that have already left care. In particular the need to identify suitable accommodation is crucial and work has been undertaken to create additional supported accommodation and satellite flats for these young people. Further work has been undertaken to analyse and define likely future requirements in this area



and an Accommodation Strategy is under development that will define the long term requirements and how the Council will meet them.

The provision of Criminal Justice Social Work services are funded directly by the Justice Department of the Scottish Government, to ensure that statutory services for those involved in the Criminal Justice system are delivered to the agreed national standards. In line with other areas of social work and of the wider Council and public sector, budget challenges and achieving best value are critical areas of work. This is being achieved through the targeting of resources into earlier interventions and using data to ensure it is where the need is most acute. The specific Section 27 Funding for Criminal Justice Social Work Services has remained largely unchanged albeit that there has been no increase to offset inflationary costs, and has resulted in a net budget reduction in this area.

There has been a continued acknowledgement by the Council of the significant financial challenges that are being faced by social care services. The additional resources that have been identified to address this have remained with a continuation of the increased of £1.8m core funding for social services that was agreed in 2016/17, and the work to utilise the one-off transformational monies from 2016/17 is ongoing with improvement being noted across the breadth of the service. The transformational monies are being used to develop a number of new initiatives and improved working practices, particularly in children's services, that will lead to sustainable improvements for our service users. This is in respect of both better life outcomes and more cost effective service delivery. These new ways of working are being implemented across the service as detailed in sections 2.4 and 2.5.

The intensive support service that has been delivered by Includem has been running for more than a year now and has proven to be successful. Working closely with social workers and other partner organisations, it has implemented an approach based on preventative measures and early intervention to provide supports to reduce the need for young people to enter residential care or foster placements and help support those who are in these placements to return back to their community. Dedicated and skilled staff offer supports that can be accessed on a 24/7 basis by young people and this has resulted in a number of measurable outcomes. These outcomes include reduction in behavioural problems, reduction in alcohol and substance misuse, and improved family relationships.

Functional family therapy has now been in place since November 2017 providing a specialist approach to young people between the ages of 11 and 18. This a short term, family based intervention, that works with young people along with their



# 5

parents, carers and others who play a significant role in their life. The intervention typically takes place over a 5 month period and works with all of the key people in the home at the same time. The programme is very much tailored to the specific circumstances of the family and designed to ensure that the family achieve these. This has been progressing well with good levels of engagement with young people and their families which is helping to achieve positive results.

Personalised planning is underway working with young people and their families to create individualised, creative plans that will support young people to return from care and into a community setting or to prevent escalation into a care setting. The personalised budgets are used to create detailed plans that will incentivise positive behaviour and meet their needs and preferences.

The Corporate Parenting Hub has been in development through-out 2017/18 and has now been established. New supported accommodation is now in place that consists of three co-located flatted properties that currently offers accommodation for our Looked After Children aged between 16 and 21 years of age. Staff are based at the Corporate Parenting Hub to provide support to young people as they transition from a care environment through a supported environment within the Hub. This will ultimately then support them to move on and gain their own tenancy. Partner agencies are able to work closely with the team within the Corporate Parenting Hub to ensure that young people receive support that best meets their individual needs. In addition to the properties within the Corporate Parenting Hub, two "satellite" flats have been identified that offers a further four places to young people. These are geographically close offering a blend of independence for the young people whilst also having easy access to support should it be required. Building on the work done within the Corporate Parenting Hub, an Accommodation Strategy is being developed with a profile of need having been defined. This will set out how we will meet the accommodation requirements for our young people over the longer term growing or reducing where required to meet demand.

The Mentoring Co-ordinator is now in post and is developing our approach to mentoring services that are tailored to the specific needs of care experienced young people. The young people tend not to access more universal mentoring services and so this provides an opportunity to provide equity. Work to recruit mentors is commencing in parallel to the processes, procedures and training requirement being developed that are required to support mentors in working with our young people. This approach will provide opportunities for young people to have positive role models in their lives that will help them in moving towards positive destinations and avoiding escalating involvement from social work or other partner agencies such as the Police or NHS.



Enhanced foster carers have been recruited to bring specialist skills to support children and young people who have more complex needs. This additional expertise will allow us to support more young people within a foster care settings as an alternative to out-of-authority residential placements which will better meet their particular needs. Three enhanced foster carers are now in post, with one more planned to go to the Fostering & Adoption panel for their registration to be approved in October 2018. Some of these carers are professional social workers.

A Fostering and Adoption Development Worker has also been recruited who has taken the lead on activities to support the recruitment of additional foster carers. This has included a range of approaches including advertising, leaflet drops, social media, and other methods of general awareness raising. This has supported campaigns for foster carers, enhanced foster carers, and supported lodgings with increases across each of these resources. The role has also undertaken data gathering and analysis within the Fostering & Adoption team to provide a better understanding of needs and priorities within the team.

A Therapist and Family Support Worker are currently being recruited for within the Fostering & Adoption team to provide additional support to prevent placement breakdowns and to support adoptive parents. This support will help to improve the stability in the lives of our vulnerable young people and will play a crucial role in supporting them to achieve within education and move towards positive destinations.



## 6. SERVICE QUALITY AND PERFORMANCE

# 6

### 6.1 INTRODUCTION

Service quality and performance are critical functions that help to inform the service on how well it is performing and how well it is meeting the needs of its service users. It allows us to demonstrate the progress we have made within the Council, to our Elected Members, and to our peers across Scotland. Our approach is captured in our various strategic plans and relevant legislation which support our contributions to national outcomes. More locally this information is reported via the Council Committee structure, for the Health and Social Care Partnership through the Integration Joint Board and partnership groups including the Child Protection Committee, Adult Support & Protection Committee, Community Justice Partnership and Community Planning Partnership. Please refer to Section 3 of this document for further information on governance arrangements.

We have continued to place importance on the quality of data in relation to performance information and in 2017/18 undertook a root and branch review of performance reporting for the Children & Young People committee along with corporate performance reporting. The Health and Social Care Partnership has a suite of performance information regularly reporting to the Integration Joint Board and at service level to the Health and Social Care Panel. The refreshed performance reports are strongly outcomes focused and offer improved insight into where improvements are being the most effective and where we need to tailor our approaches to achieve further benefits. This fulfils a key role in our management and continuous improvement of service quality and performance.

Audit and inspection are similarly important in this respect. A programme of internal audits have been completed in conjunction with colleagues from the Council's Governance team. In 2017/18, audits were undertaken of the main Social Work Business Information System, Self-Directed Support and Looked After Children in Kinship Care. Plans are in place for 2018/19 to audit arrangements for the provision of Throughcare services, the transition from children's social care to adult social care, and social care business and finance processes.

Improvements to our approach for the ongoing and operational audit of casefiles with Children & Families have also been implemented this year. The focus on the first six months was for young people who are on the Child Protection register and this has been followed-up by consideration of casefiles for young people who are looked after and accommodated. This is promoting improvements in our approach to casefile recording across the service and providing greater management oversight of this important activity.

Through-out 2017/18, a number of inspections were undertaken by the Care Inspectorate of services that are delivered by teams from across children's and the Health and Social Care Partnership. The feedback and gradings that were received were broadly positive across the various service areas that were inspected. The following table provides a summary of inspection scores received:

Service Area	Care and Support	Environment	Staffing	Management and Leadership
Stirling Council - Fostering Service	Very Good	N/A	Very Good	Not Assessed
Stirling Council - Adoption Service	Very Good	N/A	Very Good	Not Assessed
HSCP & Stirling Council Reablement and Tec Services (Housing Support Service)	Very Good	N/A	Good	Not Assessed
HSCP & Stirling Council Reablement and Tec Services (Support Services - Care at Home)	Very Good	N/A	Good	Not Assessed
Throughcare & Aftercare Supported Lodgings Scheme	Good	N/A	Not Assessed	Good
Brucefield Care Home for Children & Young People	Good	Adequate	Good	Adequate
HSCP Allan Lodge – Care Home for Older People	Very Good	N/A	N/A	Very Good
HSCP Beech Gardens – Care Home for Older People	Very Good	Not Assessed	Very Good	Not Assessed
HSCP Strathendrick – Care Home for Older People	Very Good	Not Assessed	Very Good	Not Assessed

During 2017/18 there was a focus on performance management both at a corporate level and within the service to improve quality of reporting and implement efficiencies in the reporting of statutory information.

This review identified and implemented a complete ground-up redesign of performance management reporting including the development of improved measures and reporting lines. Linked to this we have continued to expand our analysis work to improve the quality of trending and forecasting information and to consider how other external data sources can be utilised to assist in the understanding and contextualisation of our own data. We are now in the position to start comparing in more detail the outputs from analysis last year against actual performance which is informing our conclusions on the efficacy of our transformational change and further informing future service design.

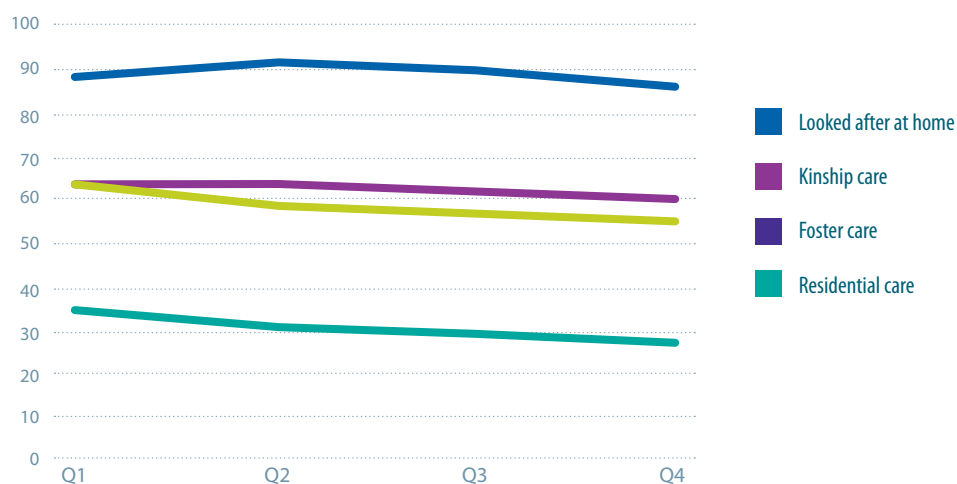
The following sections outline key performance information by service area.

# 6

## 6.2 CHILDREN & FAMILIES LOOKED AFTER CHILDREN

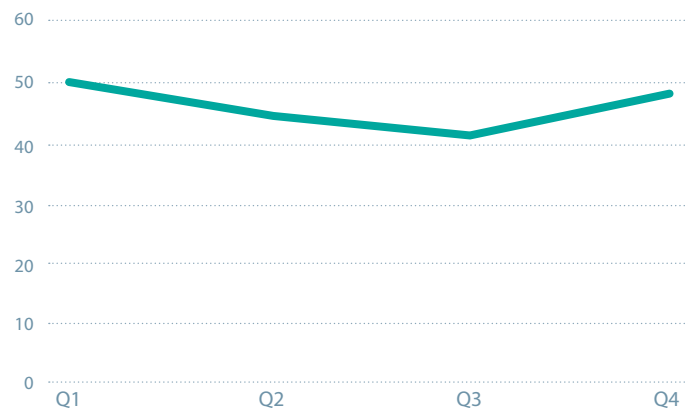
### LOOKED AFTER CHILDREN

The following graph provides an overview of the placements that are accessed by looked after children through-out 2017/18.



### CHILD PROTECTION CASE CONFERENCES

The following graph provides a summary of the number of children who are on the Child Protection Register through-out 2017/18.



The following table provides a summary of the decisions that were made at case conference during 2016/17.

<b>Case Conference Decisions (by Child)</b>	
Continue for Assessment	2
Continue with Registration	42
De-Register	74
Do Not Register Child	10
Register Child on CP Register	72

There were 128 case conferences completed during the year.

## ADOPTION

The following table provides a summary of the children who have been registered or placed for adoption in 2017/18.

<b>Adoption</b>	
Number of Children Placed for Adoption	2
Number of Children Registered for Adoption at Panel	5

## ADDITIONAL SUPPORT NEEDS

The following tables provide an overview of the total number of children and young people who have additional support needs in our schools, the most common factors leading to this need, and numbers in internal specialist provisions.

<b>Additional Support Needs in Schools</b>	
Number of Children and Young People (5 – 18 Years Old)	2866
Proportion of Total School Population	23%

<b>Most Common Factors Giving Rise to ASN</b>	<b>Total</b>	<b>Proportion of School Roll</b>
Social, Emotional and Behavioural Needs	631	5.1%
Specific Learning Difficulty	400	3.2%
Dyslexia	463	3.7%
Language or Speech Disorder	318	2.6%
English as an Additional Language	333	2.7%
Autism	220	1.8%

# 6

Children & Young People in Specialist Provision	
Autism Spectrum Disorder	66
Complex Needs	48
Social, Emotional and Behavioural Needs	44
<b>Total</b>	<b>158</b>

## 6.3 CRIMINAL JUSTICE

The following table provides a summary of the key criminal justice performance information for 2017/18.

Criminal Justice	
Community Payback Order with Supervision – New Orders	129
Community Payback Order with Unpaid Work – New Orders	161
Community Payback Orders with both Supervision and Unpaid Work – New Orders	48
Community Payback Order Completions	228
Drug Treatment and Testing Orders	10
Statutory Throughcare in the Community	39
Statutory Throughcare in Custody	32

## 6.4 HEALTH AND SOCIAL CARE PARTNERSHIP

### Adult Support & Protection

A summary of the statistics relating to adult protection referrals, including trend information, is shown below:

#### Stirling

Year	Number	Rate (per 1,000)
2013/14	270	3.60
2014/15	381	5.07
2015/16	394	5.25
2016/17	511	6.80
2017/18	711	9.09

The number of referrals has markedly increased over the year which is attributable to a combination of referral processes from Care Homes and to our recording processes. Our Thresholds Matrix provides a framework for clarity and consistency to distinguish between adult concerns and adult support and protection. This improvement has meant that we are now more dynamic and better able to respond proportionately to adults at risk of harm whilst retaining capacity to deliver services to adults in need of care and support. We continue to work with a diverse range of referral sources to ensure that the collective focus is upon practice improvement to ensure delivery of the highest quality of service.

The following table provides a breakdown of the volume of adult protection:

Activity	Total
Referrals	711
Investigations	122
Case Conferences	15
Review Case Conferences	4

There were 122 investigations in 2017/18 which is a significant increase on the previous year where there were 46 investigations. The main type of harm investigated was physical harm (32%) followed by financial harm (22%) with the main client group being older adults. The increase in the number of investigations undertaken is attributable to the more focused approach to identifying adults at risk of harm. The majority of harm (42%) occurred within the adults own home.

## Mental Health

The rates of detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 for 2017/18 have risen as summarised in the following table.

Category of Detention	2015/16	2016/17	2017/18
Emergency Detention Certificates	26	33	48
Short Term Detention Certificates	51	49	72
Compulsory Treatment Orders (New Applications)	9	5	26

The increase in the use of orders has been due to a variety of factors including a rise in the rate of those affected by drug induced psychosis, young people requiring treatment under the Act as well as mental ill health presenting in the older people population.

# 6

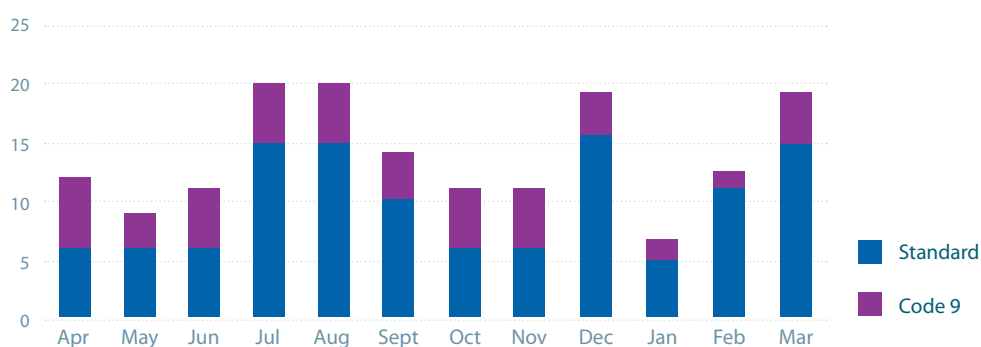
## Delayed Discharge

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available, for example to purchase a care home place.

Timely discharge from hospital is an important indicator of quality. Older people may experience functional decline as early as 72 hours after admission and the risk increases with each day delayed in hospital. This increases the risk of harm and of a poor outcome for the individual and further increases the demand for institutional care or more intensive support at home.

The chart below provides the number of delayed discharges affecting patients in 2017/18. The principal reasons for delays during the reporting period in Stirling were in relation to the provision of care required such as:

- Waiting for a residential care home place.
- Waiting for a short term assessment bed.
- Waiting for a package of care in their own home.
- The conclusion of a legal process/Guardianship (code 9).







## 6.5 CLACKMANNANSHIRE AND STIRLING HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE

Integration Joint Boards are responsible for effective monitoring and reporting on the delivery of services and targets and measures included in the Integration Functions and as set out in Strategic Plans.

The Scottish Government has developed National Health and Wellbeing Outcomes, supported by a Core Suite of Integration Indicators. These outcomes provide a framework for Partnerships to develop their performance management arrangements to help understand how well services are meeting the individual outcomes for people using services and for communities.

To support the delivery of the national priorities, Partnerships have also been invited to set out the local improvement objectives for each of the supporting 6 areas:

- Unplanned admissions
- Delayed discharges
- Occupied bed days for unscheduled care
- Accident and Emergency performance
- End of life care
- Balance of spend across institutional and community services

Our Partnership performance in avoiding delayed discharge for 2017/18 remains to be in the second highest quartile nationally. There has been a general downward trend indicating that people are being supported in their care closer to home wherever possible.

The performance of the Health and Social Care Partnership in reducing delays in discharge, is one example of how services are being transformed to support people to live well within supportive communities.

The full performance of the Partnership is referenced in the Partnership's Annual Performance Report 2017-18 and this can be accessed at:

<https://nhsforthvalley.com/about-us/health-and-social-care-integration/clackmannanshire-and-stirling/performance/>

## 7. SOCIAL WORK COMPLAINTS

# 7

### 7.1 INTRODUCTION

There is a strong commitment to delivering high quality services to our service users that reflect their needs and preferences. However, should the delivery of services fall below expectations or there is a failure in service delivery it is important that we acknowledge and act quickly to resolve this. A robust and effective complaints process is critical in ensuring that we are responsive and take action to improve the quality of our service.

Maintaining and building relationships with our service users and listening to their views helps us to put things right and learn from our mistakes. It helps ensure that we meet agreed standards and that where we fall short, steps are taken to resolve as a priority. Furthermore, this is useful for us to identify where operational pressures may exist or areas that we need to further develop.

There is a focus on resolving complaints and issues raised as quickly as possible and at the first point of contact. This provides a positive and prompt resolution for all involved. The service aims to resolve issues where possible without recourse to the formal process.

### 7.1 COMPLAINTS DATA AND RECORDING

All complaints are logged in our Complaints and Enquiries database. Social Work Team Leaders and Senior Management have access to this database and have been provided with training to maximise the visibility of this across the service.

A Corporate Complaints (Social Work) Co-ordinator was appointed in October 2017 and the role is supporting staff to manage and appropriately respond to Social Work complaints in line with Scottish Public Sector Ombudsman guidance. A training programme has been delivered via team meetings to provide staff across all areas of social work with the skills and understanding required to respond to complaints effectively. The co-ordinator has also reviewed current processes and paperwork and, by utilising staff feedback, developed an enhanced Complaints Toolkit which contains revised templates, flowcharts and guidance. All replies to complaints are now quality assured by the co-ordinator before they are sent to the complainant and this has improved the quality of our complaint responses. This is improving the experiences of service users who use the complaints process which has had the positive effect of minimising the escalations of complaints to Stage 2 and the Scottish Public Sector Ombudsman.



Senior managers receive monthly updates on complaints data which provide a strategic oversight of live complaints and any issues in relation to compliance and timescales. Included within the update are any actions or learning that are identified through the complaints process. An audit of complaints for the first half of 2017/18 was conducted and this covered: compliance with the complaints process; performance; quality of responses; staff engagement; process and paperwork; and recommendations for the future. It highlighted strengths within the existing teams and process along with challenges that have been faced which has fed into improvement activities for Social Work. A follow-up audit will be carried out during the first half of 2018/19 to offer a comparative study that will ensure that we continue to enhance service delivery.

From 1st April 2018, the new Duty of Candour (The Duty of Candour Procedures (Scotland) Regulations 2018) came into force in relation to organisations that provide health and social care. To ensure staff are aware of their responsibilities local guidance has been developed and training has been provided to all staff. Engagement with is being monitored to ensure that all staff feel competent and confident reporting and managing incidents that trigger this process and know who to inform for support and guidance. The Corporate Complaints Team will record any incidents in the complaints database to ensure that the data is captured and recorded appropriately.

All complaints received by Stirling Council are managed under the two stage complaints process:

**STAGE ONE:** Also known as Frontline Resolutions, these should be straightforward. A stage one complaint could mean immediate actions to resolve the complaint. Stage one complaints should be answered in 5 working days.

**STAGE TWO:** Also known as the investigation stage. A Stage 2 complaint is a concern that has not been successfully resolved at Stage 1 or a complaint that is complex and requires a full, detailed complaints investigation. Stage two complaints should be answered in 20 working days.

In 2017/2018, Stirling Council received 1,579 complaints from customers. Social work received 57 complaints not including those for the Health & Social Care Partnership complaints. Complaints are measured under four broad headings. During 2017/2018 and across the Council as a whole, 1,227 complaints were recorded relating to service delivery; 162 complaints regarding staff conduct; 124 regarding Council policies and procedures; and 66 regarding the quality or lack of information.

# 7

<b>Children and Families / Criminal Justice Complaints</b>	<b>2017/2018</b>
Number of Complaints	27
Number of Complaints Managed on Time	22
Number of Complaints Outwith Timescales	5
Percentage of Ontime Complaints	81.5
Percentage of Complaints Outwith Timescale	18.5

<b>Adult Assessment and Partnership Complaints</b>	<b>2017/2018</b>
Number of Complaints	30
Number of Complaints Managed on Time	24
Number of Complaints Outwith Timescales	6
Percentage of Ontime Complaints	80.0
Percentage of Complaints Outwith Timescale	20.0

## 7.2 STAFF GUIDANCE

The Social Work Complaints Officer has been working across a number of areas of the service to provide support and guidance to staff, updating the Complaints Toolkit, and providing guidance on the Duty of Candour. The training support has been provided both formally and informally through team meetings and the delivery of SPSO training for officers in relation to Stage 2 guidance. This has resulted in an increased number of Stage 1 complaints being captured by the Complaints Process which provides a more realistic picture of the complaints that the service receives supporting more effective management. Staff are more confident in responding to complaints and accessing support to drive ongoing improvement in this area. There has also been an improvement in the compliance with our complaints processes and we are now been achieving 100% of complaints being handled on time.

Our analysis of the complaints that have been received through-out the year has identified a number of key themes:

- Staff Conduct - This usually encompasses dissatisfaction with the content of a discussion or the decisions that have been made in relation to a care plan or service user's relatives not agreeing with social work recommendations.
- Care Plan / Package of Care Reductions - Service users have complained about the reduction in support that they have received or complaints relating to third party providers.

- Communication - This includes situations where delays had arisen and not been effectively communicated with service users or where service users felt that the service was not responsive to their requests.

A number of changes have been made in response to complaints that have been received and our review of learning opportunities. Examples of this have included:

- A new model is being developed to recognise and guide practice in relation to complex cases that require input from a number of service areas.
- Changes are being considered corporately for how our telephony systems work so that in cases of long term and unexpected absence we minimise the chances of telephone calls or voicemails being unanswered.
- A review of the council's Acceptable Behaviour Policy has been undertaken as a result of a complex complaint received.
- The Reablement Team have reviewed their procedures for communications with service users and their families. Further improvements have been implemented in the recording and escalation of significant events to improve proactive management of any issues or concerns.
- A review is being undertaken of the information that is provided to families regarding transition support by the Children with Disabilities team.
- Processes and staff guidance are being reviewed to improve the information sharing and guidance between Children & Families and Police Scotland particularly with regards to vulnerable young people.



## 8. WORKFORCE



### 8.1 INTRODUCTION

We continue to recognise that critical to our success, in terms of how well we support and deliver services to the people and communities within the Stirling area, is having a competent, confident and compassionate workforce with the right skills in the right place at the right time.

Just as we have continued aspirations of excellence and innovation for our services and for Stirling that include global digital leadership, so we have similar aspirations for our workforce, working towards being a top employer of choice, at the same time as being faced with a climate of financial challenge. We also see our aspirations for a sustainable workforce, developing talent from the youth within our Stirling communities align with the celebratory year of the young person, that seeks to showcase the achievements of Scotland's young people, and creating new opportunities locally, nationally, and globally. Pace, ambition and collaboration therefore remain critical if we are to achieve our goals of a bold, innovative and creative workforce that works locally to support thriving communities and drive inclusive growth.

This vision has been set out in the Council's Strategic Workforce Plan 2017-2022 which captures the implications of the Council's ongoing process of transformation, while providing information on the current workforce and setting out a strategy to ensure the Council's outcomes and priorities are delivered. A review has also been undertaken of our training plans and these have been refreshed and further developed, working closely with the Council's Organisational Development team, to ensure that the various programmes of training are best meeting the needs of our teams.

A well-motivated and engaged staff group is key to delivering safe, effective and efficient services. Our staff continue to adapt and work with our partners to deliver quality and improving services and we have driven forward significant transformation over the past decade.

### 8.1 WORKFORCE PLANNING

We continue to have a broadly stable workforce with generally good staff retention who are experienced and committed to seek out the best outcomes possible for the people who use our services. This said, we continue to recognise that we do have some challenges in recruiting to some of our rural areas and 2018/2019 will see our place-based approaches further developed to support successful recruitment. The following table summarises the staffing profile as at August 2018:



Staff Area	Total Staff	Full Time Equivalents
Additional Support & Wellbeing	156	100
Children & Families Admin and Others	24	23.4
Children & Families Fieldwork	44	40.5
Criminal Justice	39	35.4
Vulnerable Children	45	40.8
Children & Families Total	308	240.1
Adult Assessments & Partnerships	255	211.9
Learning Disability & Mental Health	39	31.8
Adult Services Total	294	243.7

We recognise that similarly to the Stirling population, our Social Care workforce is ageing and work is underway with partners in Education and our Regional Colleges to continue to explore how we recruit a younger workforce as well as develop our existing workforce to meet Stirling's current and future challenges.

We continue to deliver on the Clackmannanshire and Stirling Health and Social Care Partnership Integrated Workforce Plan 'Caring Together' (2016/19) through the Partnership operational programmes, including implementation of a Model of Neighbourhood Care Team, the Stirling Health and Care Village and a review and redesign of services including mental health, learning disability and hospital to home services. Stirling Social Service and Organisational Development staff continue to be an integral part of these programmes that are organised into the following work streams:

- Workforce Information, Demographics and Role Development
- Leadership and Management Development
- Workforce Engagement and Support
- Organisational Design and Processes
- Workforce Training and Development

Adult social services are now delegated to the Chief Officer, Health and Social Care Partnership. The main challenges moving forwards will be providing a collaborative and comprehensive integrated workforce plan for 2019 and beyond across the partnership that takes into account the needs of all the partners and puts the people and communities at its heart.



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## 8.2 WORKFORCE DEVELOPMENT

### WORKFORCE ENGAGEMENT AND VALUING OUR STAFF

#### CSWO Staff Engagement

There have been 14 CSWO engagement sessions with staff (Team Leader Meetings, Topic Based Staff Engagement Sessions, Brucefield visits, PBB Consultations and visits to Adult Services teams) through-out 2017/18 and these events have been well attended by staff. They have provided excellent opportunities to update staff on the work and progress that is being made across the service and how these are contributing to better outcomes for our service users. This has also been useful for outlining our ambitions to transform and improve our services whilst, crucially, getting the feedback and input from the staff who are delivering good quality services on a day- to-day basis.

The Social Work workforce continues to benefit from the wider Organisational Development and Change programme including participation and involvement in events such as:

- Employee forum (employee voice)
- Team Stirling and Big Huddle Events
- The Lens
- Digital Champion Programme

The Lens for example, is an innovative programme the aim of which is to improve people's lives by creating services that provide long lasting impact and benefits. The programme does this by helping to create a culture of innovation by encouraging teams and individuals to generate ideas and then help them turn them into sustainable services. The 2017/18 programme, which was launched in September 2017 with the Final in March 2018, saw 700 employees across Stirling Council invited to participate and out of the 19 ideas submitted, 4 came from Adult Assessment & Partnerships and 4 Social Service workers had the unique opportunity to receive support and training to help them develop the business models needed to help turn their ideas into reality.

Ideas that made it to the final included: Night-time Buddies – an idea put forward by two adult assessment and partnership staff, to connect highly trained volunteers with young people experiencing a mental health crisis and suicidal thoughts;





Frontline Immigration Advice – providing frontline immigration support and advice to help Stirling Council residents; Cycling without Age – tackling social isolation in older people; Reminiscing Tearooms – introducing ‘rempods’ to communities in order to alleviate distress and isolation for older people and dementia sufferers and Affordable Funerals – giving an affordable option to families so they can avoid debt. The programme also trained a number of peer ‘Judges’ whose role was to judge and allocate funding for the winning ideas. One of our judges was a Planning and Commissioning Officer who continues to be part of the process going forward. 2018/2019 will now see the winning ideas be supported to fruition.

The Digital Champion Programme supports our aspirations for Stirling to be a city at the forefront of the global digital world. Our achievement of the national charter for technology enabled care, 2017/2018 has seen the development of our digital strategy and indeed a digital champion programme. Supported with additional learning and technological hardware, a number of digital champions are being identified to help teams and individuals throughout 2018/2019 and beyond to become more digitally capable. This includes a number of staff across Social Work teams, many of whom have embarked on the completion of the SSSC 23 Digital Things learning.

A Social Care PA was nominated for the Council’s “Leading Lights” award where it was recognised that her dedication and commitment to delivering above and beyond expectation has been a valued contribution.

These measures continue to ensure Social Work staff are supported to attain the flexibility, creativity, collaborative working and digital skills required to meet the demands ahead.

## Leadership

2017/2018 has seen some changes in service and team leadership across Adult Services, Children and Families, and Criminal Justice with investment in developing our leaders continuing. 2017 saw the introduction of our Leadership Programme, which aims to equip our managers with the knowledge and skills required to enable business transformation, high performance and employee engagement. Out of the 25 participants across the 2 cohorts, 4 were from the Social Work workforce. Taking 6-9 months to complete and due to conclude by the end of August 2018, the programme consists of a number of elements including classroom learning, shadowing members of the Corporate Management Team, comprehensive 360 degree feedback and the opportunity to be mentored by a member of the senior team.



All participants have been working on a Learning into Practice leadership project which includes primary and secondary research with the aim of demonstrating impact of their learning and encouraging collaborative working and continuous networking. 2018/2019 will see the implementation of the projects and offer further opportunities for leads and aspiring leaders to develop through this programme.

Our Health and Social Care Partnership workforce have seen the introduction of a number of Big Team Meeting events, led by Service and Team Managers and focusing on topics and themes that matter to staff and teams such as the Health and Social Care Standards (supported by NHS Improvement Scotland), Carer's Act and the Transforming Care Programme. 2018/2019 will see the drive to move the focus of these events from consultation to co-design and to involve more health staff to ensure even better integrated ways of working.

### Qualifying the Workforce

Stirling Council's Scottish Vocational Qualifications Assessment Centre delivers awards ranging from six months to two years duration prioritised to meet the Scottish Social Services Council (SSSC) registration requirements. Good progress has continued in relation to qualifying the residential and Care at Home workforce in line with the SSSC registration requirements. Targets set for both adults and children and young people care groups have been reached during 2017/2018 with completions shown in the table below.

We have worked with our in-house Care at Home service to map out the route and timescales for staff groups to attain their qualifications in line with the SSSC regulatory requirements and 2017/2018 has seen the completion of the first housing SVQ qualifications to be supported.

Qualification and Level	No. Staff Completing	Team/Service
SVQ Level 2 Social Services and Healthcare at SCQF level 6	3	Reablement & Technology Enabled Care
	1	Riverbank Resource Centre and Streets Ahead
SVQ Level 3 Social Services and Healthcare at SCQF level 7	1	Reablement & Technology Enabled Care
	2	Riverbank Resource Centre and Streets Ahead
	1	Adult Assessment and Partnerships
SVQ 4 Social Services and Healthcare at SCQF level 9	1	Riverbank Resource Centre and Streets Ahead
	1	Adult Assessment and Partnerships
	3	Strathendrick, Allan Lodge, Beech Gardens Care Home Provision
	3	Housing Services
SVQ Level 3 Social Services (Children and Young People) at SCQF level 7	1	Brucefields Residential Care Provision
	2	Foster Carers
SVQ 4 Social Services (Children and Young People) at SCQF level 9 Awarded	1	Brucefields Residential Care Home Provision
SVQ 3 in Community Justice: Working With Offending Behaviour at SCQF level 7	1	Criminal Justice Service

## Practice Learning

Practice Learning is an essential component of social work training and Stirling Council remains committed to providing Practice Learning Opportunities for social work students. Stirling Council remains well regarded as a source of good quality learning opportunities and we value the partnership working and knowledge exchange activities with our colleagues from our partnering Universities.

We have provided 4 placements for students from Stirling University in 2017/2018. These included 2 students on final placement and 2 students on their first placements. Three of these students were placed within children and families teams and one student was placed within Adult services.

# 8

We have had two social work staff from Children and Families Team currently undertaking the Practice Teaching Qualification. One staff member is working through The Learning Network and the other person is at Stirling University's programme of post graduate awards. We now have a three-year development plan which aims to develop our pool of link workers and practice teachers. This will provide increased placement opportunities for social work students, while promoting leadership qualities and skills across our workforce.

We also continue to provide individuals and group support to our newly qualified Social Workers (NQSW's). Ten group sessions have taken place during the last 12 months, three of which were combined with social work students on placement. Taught input has covered: ethical dilemmas, values and codes of conduct, making effective use of supervision, reflective and evidence based practice, and specific support around submission of post-registration training and learning. Invited input has also come from our partnership with 3rd sector organisations such as Homestart, Barnardos and Signpost, as well as offering internal support from experienced practitioners within the council.

We have also supported 7 young people across the services in undertaking work based placements to support learning including Foundation Apprenticeships and work experience placements as part of our Corporate Parenting strategy and we wish to build on this going into 2018/2019.

## Continuous Professional Development

Continuing Professional Development increases skills and confidence in delivering quality services. 2017/2018 has seen a wealth of learning and training available and undertaken by staff through Organisational Development and partner agencies, from statutory and mandatory learning and training to bespoke learning, as identified through service and personal development planning through our SSSC recognised outcome focused supervision framework.

One example is the Promoting Excellence Skilled Practice programme which continues to support social care staff to improve skills and experience in relation to dementia that is now being aligned with the wider Forth Valley Dementia Strategy. Our workforce is also represented within the national Dementia Ambassador Review Group a national group including SSSC, NHS Education for Scotland (NES), Care Inspectorate and Scottish Care to review and develop resources and support for Dementia Ambassadors across Scotland and Social Services are also leading on the

Dementia Friendly Stirling partnership based project all of which aim to ensure the best possible lives and outcomes for people experiencing dementia and their carers in our communities.

The 2017/2018 period has also seen a further increase in Dementia Ambassadors across all services, including our first Ambassador within the customer contact centre and we are delighted to have another Social Care Worker complete their NES/SSSC Dementia Champion programme.

Research remains another important area of development for our workforce. This allows us to gather evidence and increase understanding of key issues to better support operational decision making and service design decisions. Furthermore, it provides an opportunity for individual staff members within our teams continue their professional development further by enhancing their knowledge and skills. Allied to this is the development of closer links with Stirling University who support us to collaborate on work that will further their academic and research aims, whilst further enhancing our understanding of specific topics. Our Research Development Group, chaired by the Chief Social Work Officer, meets quarterly and spans a membership of operational management and academic staff. It promotes new research and aims to disseminate findings across the organisation.

## Partnership Working

We continue to build our links with SSSC and NES and as well as supporting the dementia ambassador work, 2018/2019 will see us support a number of further projects including piloting the SSSC new interactive risk learning resource and helping put together a bid for research around integrated working, as well as continuing to supporting digital capabilities through SSSC 23 Things.

2017/2018 has also seen one of our Learning & Development Advisors, who co-ordinates Practice Learning within the council, start to undertake a part time secondment with the Care Inspectorate, tutoring and assessing inspectors on their new Professional Development Award in Scrutiny & Improvement and further enhancing our links with this leading agency in social care.

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## **Clackmannanshire & Stirling Integration Joint Board**

27 March 2019

This report relates to  
Item 11.4 on the agenda

### **Chief Officer Appointment (*Paper presented by John Ford, Chair*)**

# *For Noting*

<b>Approved for Submission by</b>	John Ford
<b>Author</b>	Linda Donaldson
<b>Date</b>	20 March 2019
<b>List of Background Papers/List of Appendices</b>	

**Title/Subject:** Chief Officer Appointment  
**Meeting:** Clackmannanshire & Stirling Integration Joint Board  
**Date:** 27 March 2019  
**Submitted By:** Linda Donaldson  
**Action:** For Noting

## **1. Introduction**

- 1.1 This paper provides the Board with an update on the post of Chief Officer. Shiona Strachan, former Chief Officer, Clackmannanshire and Stirling Health and Social Care Partnership resigned from her post effective from 31 December 2018. At its meeting on 28 November 2018 the Board approved the appointment of Ian Aitken as interim Chief Officer.
- 1.2 Ian Aitken took up his post on 3 December 2018. Ian is due to leave NHS Forth Valley on 31 March 2019 and therefore the post of Chief Officer will be vacant from 1 April 2019.

At the meeting in November 2018 the Board also delegated authority to the Interview Panel to appoint permanently to the Chief Officer post and agreed the process for the permanent recruitment exercise.

## **2. Purpose & Summary**

### **Summary of recruitment process for Chief Officer**

- 2.1 The appointment process consisted of psychometric assessment, competency profiling, an evening event and formal interview with presentation. There were four shortlisted applicants. The Interview Panel, comprising members from the three constituent authorities, determined the preferred candidate was Annemargaret Black. An offer of employment has been made to her.
- 2.2 Due to the nature of the post the successful candid had a choice of employer and associated terms and conditions.
- 2.3 Annemargaret has chosen that her employer will be NHS Forth Valley and appropriate contractual arrangements are being put in place. Her start date will be 17 June 2019.

### **Interim Appointment**

- 2.4 The Integration Scheme states at section 6.8:

*At the request of the Integration Joint Board, where the Chief Officer is absent or otherwise unable to carry out their responsibilities for an extended period,*



*the Parties will jointly propose an appropriate interim arrangement for approval by the Integration Joint Board Chairperson, Vice Chairperson, and the Chair of the Finance Committee. If the Chief Officer's absence is expected to be more than 4 weeks, a formal secondment or recruitment process will be put in place by the Integration Joint Board.*

- 2.5 It is therefore considered appropriate to put in place delegated authority for an interim appointment. Currently discussions about how to take forward the interim arrangements are on-going.

### **3. Recommendations**

The Integration Joint Board is asked to:

- note the current position in relation to the appointment of Chief Officer, Clackmannanshire and Stirling Health and Social Care Partnership.
- delegate authority to the Chairperson and Vice Chairperson of the Board and the Chief Executive Officers of the constituent authorities to put in place a formal secondment or interim recruitment process to fill the vacant Chief Officer post on an interim basis in accordance with the Integration Scheme.

### **4. Resource Implications**

- 4.1. No additional resource implications.

### **5. Legal & Risk Implications and Mitigation**

- 5.1. The appointment on an interim basis to the forthcoming vacancy of Chief Officer mitigates the risks associated with unfilled post. The appointment provides continuity at a significantly busy time of IJB business.

### **6. Background**

- 6.1. The Integration Scheme (section 6.8) as set out in paragraph 1.1 describes the agreed process should the post of Chief Officer become vacant.

### **7. Considerations**

- 7.1. The interim appointment fulfils the previous approved Integration Scheme as set in para 1.1 and section 6.8 of the Integration Scheme.

## **8. Impact on Integration Joint Board Outcomes, Priorities and Outcomes**

- 8.1. This report and associated recommendations relates to the following Clackmannanshire and Stirling Health & Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate).

## **9. Fit with Local Outcomes**

- Self Management
- Community Focussed Supports
- Safety
- Decision Making
- Experience

## **10. Fit with Our Priorities ‘we will...’**

- Further develop systems to enable front line staff to access and share information
- Support more co-location of staff from across professions and organisations
- Develop single care pathways
- Further develop anticipatory and planned care services
- Provide more single points of entry to services
- Deliver the Stirling Care Village
- Develop seven-day access to appropriate services
- Take further steps to reduce the number of unplanned admissions to hospital and acute services.

## **11. Consultation**

Not applicable.

## **12. Equality and Human Rights Impact**

The content of this report does/does not require a EQIA.

## **13. Data Protection Impact Assessment**

The content of this report does/does not require a DPIA.

## **14. Appendices**

There are no appendices.